

**Kentucky FY 2011
Preventive Health and Health Services
Block Grant**

Annual Report

Annual Report for Fiscal Year 2011

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Executive Summary

This work plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Year 2011. It is submitted by the Kentucky Department for Public Health (DPH) as the designated state agency for the allocation and administration of PHHSBG funds.

Funding Assumptions: The total award for the FY 2011 Preventive Health and Health Services Block Grant is \$1,036,693. This amount is based on a funding update allocation table distributed by CDC in June 2011.

Proposed Allocation and Funding Priorities for FY 2011

Sexual Assault-Rape Crisis (HO 15-35): \$98,975 of this total is a mandatory allocation to the Kentucky Department for Community Based Services (DCBS), which provides this funding to thirteen Kentucky Rape Crisis Centers and their statewide coalition to provide medical and legal advocacy services to victims of rape and other sex offenses.

Health Care Access (HO 1-6): \$55,000 of this total will be utilized by the Healthcare Access Branch of DPH in coordination with the Kentucky Physicians Care Program, a network of volunteer physicians, dentists, and pharmacies who provide free or discount services to the uninsured.

Healthy Communities Program (HO 7-10): \$270,401 will be utilized to support the infrastructure of the Healthy Communities Program in Kentucky by providing training and technical assistance to local coalitions to develop policy, environmental and systems change strategies that will impact population health.

Chronic Disease Initiative (HO 1-4): \$40,114 will be utilized to fund a Chronic Disease Initiative program which will emphasize the chronic disease self management classes, and competency of local health departments providing adult preventive exams.

Chronic Obstructive Disease Program (COPD HO 24-10): \$45,000 will be used to fund a .5 FTE Program Manager which is a shared position with the Tobacco Control Program. The state burden document and strategic plan are both being finalized in order to develop partnerships to decrease health and cost burden of COPD.

Comprehensive Cancer Prevention (HO 3-1): \$144,600 will be used to provide fund a program manager position a statewide awareness campaign, and pilot projects in local communities with matching dollars for screening. Colon cancer is largely preventable with screening and Kentucky has a high prevalence and mortality rate.

Physical Activity Program (Adult HO 22-1 and Child HO 22-6): \$214,483 provides funding to local health departments for evidence based community physical activity programs and policy initiatives focusing on the built environment in order to impact individuals throughout the life continuum. This program places 100% of the funds out into the local communities through the local health departments.

Osteoporosis Program (HO 2-9): \$84,120 will be used to provide funding for .5 FTE and to select sites in local/district health departments in Kentucky to provide awareness and education on Osteoporosis. A Matter of Balance and Falls Prevention Coalitions are projects for this program.

Administrative costs associated with the Preventive Health Block Grant total \$84,000 which is 9% of the grant. These costs include funding 1 FTE to coordinate the preparation, annual reporting, evaluation and program meetings as well as communication with and holding required block grant meetings of the State Preventive Health Advisory Committee, and public hearings. This funding also support IT needs for reporting such as the Office of Information Technology/DataMart support.

The grant application is prepared under federal guidelines, which require that states use funds for activities directed toward the achievement of the *National Health Promotion and Disease Prevention Objectives in Healthy People 2010*.

State Program Title: Chronic Disease Initiative

State Program Strategy:

GOAL: The Chronic Disease Initiative will focus on increasing collaboration and integration of chronic disease programs both within the Department for Public Health and with external partners. Special focus will be to enhance the capacity of health professionals and other partners to utilize best practice guidelines for chronic disease care and disease management and moving patients with chronic disease into and through the continuum of care through patient navigation in order to decrease disability and death.

PRIORITIES: Health Care Reform has established priority areas in Clinical Preventive Services and Health Services, which included both access and barrier issues in primary and preventive health care. Many disparities remain and the intent is to eliminate as many of these disparities as possible. Attention to prevention and quality will demonstrate improved health care delivery and outcomes through an emphasis on:

- *Evidence-based decision support tools for providers
- *Support of patient self-management as a core element
- *Patient Navigation through the healthcare system
- *Multidisciplinary health care teams and collaborative efforts

Primary Strategic Partners:

Internal: State Programs for Tobacco Control, Obesity and Nutrition, Physical Activity, Heart Disease and Stroke, Osteoporosis and Arthritis, COPD and Asthma, Oral Health, Colon Cancer and Breast and Cervical Cancer, and Diabetes Prevention and Control, Health Care Access Branch, Department for Medicaid Services, Department for Aging and Independent Living and Worksite Wellness.

External: Kentucky Medical Association, Humana and Passport (Medicaid Managed Care) Health Plans, Health Care Excel (state QIO), Universities of Louisville and Kentucky, State Office of Minority Empowerment, local and district health departments, Federally Qualified Health Centers, faith based communities and the Free Clinic Association.

Role of the PHHSBG: Provided start up funds in FY 2008 for a Chronic Disease Initiative beginning with a consistent message addressing chronic disease called “Everything Counts”. This program will now be managed through a collaborative approach in the Chronic Disease Prevention Branch. The specific activities will be to develop partnerships with internal and external groups and partners as listed above. Selection and distribution of preventive care and self management evidence based materials and support information will be expected. NACDD Chronic Disease Competencies will be promoted to local/district health department staff in order to assist with accreditation needs. The Chronic Disease Program is located within the Division of Prevention and Quality Improvement/Chronic Disease Prevention Branch.

Evaluation Methodology: The effectiveness of the program will be evaluated internally through reporting and surveys related to the Unnatural Causes DVD, CDSMP program, as well as following KY BRFSS data related to risk factors, chronic diseases, and disability. Additional data from Medicaid, BRFSS and the Office of Health Policy will be shared and reviewed. Categorical state plans and burden documents will be examined and utilized as a measurement of progress.

National Health Objective: 1-3 Counseling about health behaviors

State Health Objective(s):

Between 10/2007 and 09/2011, Between October 2007 and September 2012, increase the proportion of people who receive information and appropriate counseling regarding preventive care and healthy behaviors.

State Health Objective Status

Met

State Health Objective Outcome

There has been a significant increase in the proportion of people in Kentucky who receive information and appropriate counseling regarding preventive care and healthy behaviors. These increases are due to multiple factors including strong existing and new partnerships, health care reform and enhancement of preventive benefits in insurance plans and Medicare as examples.

Reasons for Success or Barriers/Challenges to Success**Reasons for Success**

1. Strong partnerships including work with the Department of Aging embedding Chronic Disease Self Management into Area Aging Agencies, enhanced public media campaign for Colon Cancer Screening, and work with the Heart Disease and Stroke Care Collaborative.
2. Health Care Reform has improved payment for preventive care
3. Continued support for training for health educators and registered nurses at local health departments

Barriers

It is difficult to measure percent of impact other than through attendance at classes, increases in colonoscopies reported through the Office of Health Policy so this is reach rather than impact.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Continue to work in public private partnerships leveraging resources, considering overarching goals for maximum reach.
- Develop consistent reporting systems for community projects

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

PHHSBG funds for this particular objective are minimal and support staff and training only. However, the KY Dept for Public Health uses state prevention dollars allocated to each of the 58 health departments of over 14 million dollars. The local health departments also use their local tax dollars to support preventive care such as preventive exams, blood pressure checks, immunizations,

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**Essential Service 3 – Inform and Educate****Impact/Process Objective 1:****Integrated health promotion and chronic disease messaging**

Between 10/2010 and 09/2011, The Chronic Disease Initiative Coordinator will maintain 2 training methods on a consistent message impacting chronic disease prevention and control for health professionals, community leaders and lay health workers in Kentucky.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, The Chronic Disease Initiative Coordinator maintained 2 training methods on

a consistent message impacting chronic disease prevention and control for health professionals, community leaders and lay health workers in Kentucky.

Reasons for Success or Barriers/Challenges to Success

1. Collaborated with the Department of Aging to support training of lay leaders on Chronic Disease Self Management classes
2. Supported training for Registered Nurses at local health departments for preventive exams through the Regional Training Center.

Strategies to Achieve Success or Overcome Barriers/Challenges

This was a very limited amount of funding and was reduced when the PHHSBG was reduced. The position was not filled when it was vacated so all funding was used to support training and education.

The Quality Improvement Team that provides technical assistance and reviews records, community plans and programs at the local health departments were brought in to fill some of the gap due to not replacing the position. This worked to a great advantage as these teams were already providing support and quality reviews on a regular basis to local health departments.

Activity 1:

Stanford Chronic Disease Self Management Training

Between 12/2010 and 09/2011, Work in collaboration with the Arthritis/Osteoporosis Coordinator and the Department of Aging and Independent Living to provide Chronic Disease Self Management Training to lay leaders in the state.

Activity Status

Completed

Activity Outcome

There were two trainings provided for lay leaders in the state working in partnership with the Department of Aging and Independent Living.

Reasons for Success or Barriers/Challenges to Success

1. ARRA funds were provided to the Department of Aging to embed trainers in local communities. There is more support through the Area Aging Agencies.
2. Kentucky Retirement Systems and Medicaid also became part of the system of training

Strategies to Achieve Success or Overcome Barriers/Challenges

Improved collaborative partnerships.

Activity 2:

Unnatural Causes Training

Between 10/2010 and 01/2011, Utilize remaining copies of "Unnatural Causes" DVD purchased in 2009 for distribution to local and district health departments in Kentucky, universities, hospitals and other organizations and monitor use and impact on knowledge of health equity competency of health professionals in the state.

Activity Status

Completed

Activity Outcome

Although there are still 15 remaining copies of Unnatural Causes within KDPH, they are being checked out and returned so that they can be shared with more partners.

Reasons for Success or Barriers/Challenges to Success

- Continue to offer the Unnatural Causes series to all partners as available
- Direct partners to the Unnatural Causes website for improved/updated information
- Develop additional resources such as those shared through NACDD Health Equity committee

Strategies to Achieve Success or Overcome Barriers/Challenges

Ongoing training for Health Equity and Social Determinants of Health will continue to be a challenge. Our focus is usually on addressing the disparities caused by the SDOH and not on the challenges of not having an education, and poverty. Strong partnerships with other agencies will be relevant and pursued.

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Chronic Disease Integration Collaborative

Between 10/2010 and 09/2011, The Chronic Disease Prevention Branch will conduct **4** integration meetings between the Health Promotion Branch, the Chronic Disease Prevention Branch and additional partners as developed through collaborative processes.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, The Chronic Disease Prevention Branch conducted **4** integration meetings between the Health Promotion Branch, the Chronic Disease Prevention Branch and additional partners as developed through collaborative processes.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success

- Knowledge of budget deficits have driven programs to work together
- Unable to fill positions left vacant
- Increased emphasis on coordinated funding by CDC
- Review of outcomes tells us that siloed thinking was not working

Barriers

- Change takes time
- Lack of a Health Promotion Branch Manager for most of the year
- Not all CDC categorical funded programs were cut so they don't have to change
- Not all state budgeted programs were cut so they don't have to change

Strategies to Achieve Success or Overcome Barriers/Challenges

- Continue to schedule monthly meetings
- Create tools for sharing information
- Create sharing opportunities including social media sites
- Utilize skill sets of staff by creating a survey which may identify other team members
- Create communities of practice with local health educators

Activity 1:

Healthy Communities

Between 10/2010 and 09/2011, Program Coordinators in the Health Promotion Branch and the Chronic Disease Prevention Branch will collaborate to fund and provide technical assistance to the Healthy Communities Initiative.

Activity Status

Completed

Activity Outcome

The Healthy Community program is funded through three funding sources - Tobacco Settlement Funds, Preventive Health and Health Services Block Grant funds and CDC Healthy Community Funds.

Reasons for Success or Barriers/Challenges to Success

- An RFP process was utilized to fund local Health Communities initiatives based on improving physical activity, smoke free communities and better nutrition
- Support positions in Tobacco, Healthy Communities and Chronic Disease have provided technical assistance to coalitions
- Healthy Communities annual conferences are held

Challenges to Success

- Communities say that they don't have enough funding to continue projects

Strategies to Achieve Success or Overcome Barriers/Challenges

- There will always be a lack of funding and changes in positions so there has been much work done to develop mentor sites and persons who can help new sites get up and functioning.
- As much training as possible is conducted by webinar

Activity 2:**Patient Navigation**

Between 10/2010 and 09/2011, The Chronic Disease Initiative Coordinator will evaluate two Chronic Disease Programs to integrate patient navigation activities with.

Activity Status

Not Completed

Activity Outcome

Two programs Heart Disease and Stroke and the Colon Cancer Screening Program were chosen to evaluate efforts to integrate patient navigation. Although some elements are in place a complete evaluation was not done.

Reasons for Success or Barriers/Challenges to Success

- Challenges to success included lack of staff time to move forward on evaluation
- There is a Care Collaboration with the Heart Disease and Stroke Program which includes successful navigation to better control of blood pressure, cholesterol, and smoking cessation.
- There are four pilot sites for Colon Cancer Screening in the state with a developed program training manual.
- The one certified Patient Navigator (New York Dr. Freedman) left in April and the position was not filled until October 2011.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Continue to develop a process where Patient Navigation can be integrated into successful chronic disease programs.
- Consider other ways of training and evaluating patient navigation programs in the state such as university partners.

Essential Service 8 – Assure competent workforce**Impact/Process Objective 1:****Registered Nurse Role Expansion at the local health department**

Between 10/2010 and 09/2011, The Chronic Disease Initiative Program Lead through contract will maintain **one** training program for Adult Preventive Health Exams through the Regional Training Center and a cooperative program with the Department for Medicaid Services.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, The Chronic Disease Initiative Program Lead through contract maintained **one** training program for Adult Preventive Health Exams through the Regional Training Center and a cooperative program with the Department for Medicaid Services.

Reasons for Success or Barriers/Challenges to Success

The Madison Regional Training Center (MRTC) has developed an effective and efficient method of advanced training for Registered Nurses on Adult Preventive Exams.

- RN's view and test on an initial set of 16 modules through TRAIN.
- A two day training and check off is done at the MRTC before RNs provide exams
- Preceptorships are done in local areas with physicians, nurse practitioners or experienced RN's
- All paperwork is sent to the MRTC for certification

Strategies to Achieve Success or Overcome Barriers/Challenges

Many local health departments will be dropping the program due to a change in the funding and reimbursement. In rural areas of Kentucky where providers are limited this may be a problem.

Activity 1:**Regional Training Center**

Between 10/2010 and 09/2011, Online training modules will be completed by Registered Nurses applicants for the expanded role process, followed by a face to face training and six month preceptorship in the local community.

Activity Status

Completed

Activity Outcome

- Online training modules are in place on TRAIN
- Two day face to face training at MRTC by an Advanced Practice Registered Nurse
- Six month preceptorship at local community in place

Reasons for Success or Barriers/Challenges to Success

Continued collaborative effort with MRTC and local health departments.

Strategies to Achieve Success or Overcome Barriers/Challenges

Unknown if this program will continue due to changes in funding structures.

Activity 2:**Evaluation of effectiveness**

Between 10/2010 and 09/2011, Certificate of completion of requirements will be issued from the Kentucky Department for Public Health in a cooperative agreement with the Regional Training Center prior to performing and billing for the Adult Preventive Physical Exam.

Activity Status

Completed

Activity Outcome

Cooperative agreement is in place with MRTC.

Cooperative agreement is currently in place with Medicaid, but changing with Managed Care Organizations.

Reasons for Success or Barriers/Challenges to Success

Current program is effective for those trained.

Strategies to Achieve Success or Overcome Barriers/Challenges

Unknown changes are anticipated.

State Program Title: Chronic Obstructive Pulmonary Disease Program

State Program Strategy:

Goal: The Chronic Obstructive Pulmonary Disease Program (COPDP) is committed to reducing morbidity and mortality due to COPD in Kentuckians.

Priorities: The Kentucky Department for Public Health (DPH) in cooperation with multiple partners will develop, publish, and distribute the COPD Surveillance Document and the COPD state strategic plan. Both of these publications will be available on the DPH website for download.

In 2007, along with the Kentucky State legislature adopting a resolution addressing COPD, the Chronic Disease Branch established the Respiratory Disease Program which included the COPDP with funding from the PHHSBG to identify COPD as a chronic disease with substantial cost burdens to the patient, community, and to Medicaid.

To date the COPDP along with the COPD Coalition Education and Public Awareness and Assessment and Treatment subcommittees planned and convened the first annual COPD Summit. The COPDP also conducted a screening event at the Kentucky State Fair, promoted the COPD Learn More Breathe Better Campaign and held screening events with grant funds received by NHLBI with the COPD Foundation Mobile Spirometry Screening Unit in four eastern Kentucky locations, co-sponsored with the Tobacco Control Program four “Lunch-n-Learn” for primary care providers prior to COPD Awareness Month, and participated in the Pulmonary Symposium sponsored by the Kentucky Lung Association

Persons with COPD need to be aware of the risk factors and symptoms of their disease and encouraged to be diagnosed early to begin treatment to improve COPD symptoms. Patients should work in collaboration with their health care providers to help them manage their condition using best practice guidelines such as spirometry and appropriate medications.

Because smoking is the number one cause of chronic obstructive pulmonary disease (COPD), smoking cessation is an important component of managing COPD symptoms. The Chronic Disease Branch and the Health Promotions Branch (Tobacco Control Program) has created a shared position, the COPD Program Manager. The created shared position is 0.5 FTE Tobacco Control Nurse Consultant working with the Kentucky Association of Health Underwriters and 0.5 FTE COPD Program Manager. The COPD Program Manager will also be working to encourage a policy and systems change for tobacco cessation to be covered by employers’ health benefit packages. The COPDP will also be able to utilize the Tobacco Coordinators at the local health departments to reach COPD patients who continue to smoke with their smoking cessation classes. On September 1, 2010 the Tobacco Control Program and Medicaid made available tobacco cessation medication and counseling benefits to Kentucky Medicaid members.

Primary Strategic Partners: Internal partners include Environmental Health, Healthcare Access, Health Promotion Branch (Tobacco Prevention and Cessation Program) and Medicaid Services. External partners include the American Lung Association, COPD Foundation, National Heart Lung and Blood Institute, Passport (MA Managed Care), local and district health departments, universities, Kentucky Medical Association (KMA), private physicians and the Centers for Disease Control and Prevention.

Evaluation Methodology: BRFSS data and hospitalization data will be used to evaluate progress toward achieving the primary goal of reducing morbidity and mortality related to COPD. Both data sources are available on an annual basis. Additional surveys will be utilized to collect data to identify education and awareness gaps in terms of symptoms, medication use, and self management of COPD. One-page fact sheets and data documents will be updated every one to two years and it is anticipated that a burden document will be produced at least every five years.

National Health Objective: 24-10 Chronic obstructive pulmonary disease (COPD)

State Health Objective(s):

Between 12/2007 and 12/2014, Reduce the COPD hospitalization rate to no more than 50 per 10,000 population.

State Health Objective Status

Met

State Health Objective Outcome

Although this health objective is technically met with the 2010 hospitalization rate for COPD at 46 per 10,000, this is more than double the U.S. average of 24 per 10,000.

Additionally, the mortality for COPD in Kentucky is the second highest in the nation at 334 per 100,000 compared to the US at 233 per 100,000.

Reasons for Success or Barriers/Challenges to Success

Kentucky has made great progress in COPD hospitalization by such means as early identification through recognition of symptoms and treatment.

Strategies to Achieve Success or Overcome Barriers/Challenges

Screening and education has helped to identify persons at risk, with symptoms who needed intervention and those with certain genetic issues.

Due to the high rate of smoking in Kentucky effective progress will only be through reducing the amount of citizens exposed to smoke and reducing the amount of smokers.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

PHHSBG funds were used to support staff time to initiate a state task force, 3 pilot sites for screening, provider training and awareness activities in Appalachia. Some Tobacco Settlement Funds were used to support this effort as well.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process Objective 1:

COPD Data Summaries

Between 10/2010 and 09/2011, The COPD Program Manager in collaboration with the COPD coalition will publish 2 existing or newly created data summary reports.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, The COPD Program Manager in collaboration with the COPD coalition

published one existing or newly created data summary reports.

Reasons for Success or Barriers/Challenges to Success

The COPD data summary reports are not published although COPD data has been widely shared at the COPD Coalition meeting and the Coordinated Chronic Disease stakeholder meeting.

The COPD burden document is in draft. New BRFSS information will be added for 2010.

The program manager for COPD made a change in role to the Tobacco Program, so although there is still work ongoing, there is no dedicated FTE.

Strategies to Achieve Success or Overcome Barriers/Challenges

There will continue to be ongoing work on COPD through the coalition and partners in the state.

Activity 1:

COPD Fact Sheet

Between 10/2010 and 09/2011, Develop a one page COPD fact sheet/summary of prevalence, hospitalization and mortality data for use by all partners in the state.

Activity Status

Not Completed

Activity Outcome

COPD data has been shared at the COPD coalition meeting in September 2011 and with the steering committee of the Coordinated Chronic Disease Prevention state plan.

Reasons for Success or Barriers/Challenges to Success

The one page fact sheet/summary will be completed by May 2012 by the Chronic Disease Epidemiologist and the BRFSS Coordinator.

Strategies to Achieve Success or Overcome Barriers/Challenges

Partnership will be essential as this is the only source of funding for this program yet the impact is enormous on the state.

Activity 2:

COPD Burden Document

Between 10/2010 and 09/2011, Work in collaboration with the KY Office of Health Policy, the KY Lung Association, the COPD steering committee and the KY BRFSS program to create a document that describes the burden of COPD in Kentucky which can be posted on the DPH website for access by providers, organizations and the public.

Activity Status

Completed

Activity Outcome

The COPD burden document is in draft form and with the addition of the new survey questions on the BRFSS questionnaire will be completed by May 2012.

Reasons for Success or Barriers/Challenges to Success

- Collaborative partnership with the University of Kentucky, Kentucky Asthma Program, BRFSS, and the COPD coalition.
- Effective action of the COPD Coalition

- Need for sustainable funding and programming

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to foster a collaborative approach to completing the document and post on the Kentucky Department for Public Health website as well as share widely through email list serve when no funds are available for publishing.

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

COPD Best Practice

Between 10/2010 and 09/2011, the Kentucky COPD Program in collaboration with the steering committee and the KY Lung Association will conduct one annual COPD Summit to provide training on COPD best practices.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, the Kentucky COPD Program in collaboration with the steering committee and the KY Lung Association conducted one annual COPD Summit to provide training on COPD best practices.

Reasons for Success or Barriers/Challenges to Success

The KY COPD Program work with the KY Lung Association to conduct an annual COPD Summit, This scheduled summit was to be held in September of 2011, but was pushed back to November 1 due to scheduling difficulties.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Establish effective sustainable partnerships to continue to work on COPD in the state.
- Utilize known experts in COPD at the University of Kentucky and University of Louisville to provide training and leadership
- Work with the Tobacco Control Program to improve smoking cessation
- Work with advocacy groups such as the Center for Smoke Free Policy and the KY Lung Association
- Work with hospitals and clinics who will provide screening and ongoing support for Better Breather Clubs

Activity 1:

COPD Summit

Between 12/2010 and 09/2011, The COPD program in collaboration partners will hold an annual state COPD Summit to provide training on COPD best practices.

Activity Status

Completed

Activity Outcome

The Summit was held and included speakers on a wide variety of topics and included the National COPD Foundation leader John Walsh. Experts in COPD screening, Disease Management, Pulmonary Rehab and Smoke Free Policy rounded out the agenda.

Reasons for Success or Barriers/Challenges to Success

- Worked with partners to provide expert speakers and agenda items.
- Time for work on the state plan was allotted and an initial draft discussed

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work in partnership with universities, advocacy groups and clinical and hospital staff.

Activity 2:**Evaluation of COPD training modules**

Between 06/2011 and 09/2011, Online evaluations and surveys will be developed through the TRAIN online system in collaboration with Workforce Development in order to analyze the impact of training.

Activity Status

Not Completed

Activity Outcome

The online evaluations and surveys were initiated following the summit; however, other training modules have not been completed.

Reasons for Success or Barriers/Challenges to Success

No dedicated staff person to complete this task.

Strategies to Achieve Success or Overcome Barriers/Challenges

Consider using a DrPH practicum student to help develop these online training modules or reconsider how they will be used.

Essential Service 4 – Mobilize Partnerships**Impact/Process Objective 1:****Integrated Tobacco Cessation Message**

Between 10/2010 and 09/2011, the Kentucky Respiratory Disease Program in collaboration with the Kentucky Tobacco Control Program will establish three integrated program activities and related to COPD and smoking.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, the Kentucky Respiratory Disease Program in collaboration with the Kentucky Tobacco Control Program established three integrated program activities and related to COPD and smoking.

Reasons for Success or Barriers/Challenges to Success

Although it has been difficult these three projects were successfully completed due to the collaborative work of the two programs involved along with the KY Lung Association.

Strategies to Achieve Success or Overcome Barriers/Challenges

Going forward there may not be enough staff time and funding to continue these projects.

Activity 1:**Learn More Breathe Better**

Between 10/2010 and 09/2011, Three local health departments will pilot COPD projects in local communities to address the burden of COPD using the Learn More Breathe Better campaign toolkit.

Activity Status

Not Completed

Activity Outcome

The Learn More Breathe Better Campaign is just beginning and it has been difficult to get effective leaders in three communities to participate.

Reasons for Success or Barriers/Challenges to Success

- Not enough staff time to pursue and no incentives for becoming a leader of a local group.
- Changes in major focus at KY Lung Association

Strategies to Achieve Success or Overcome Barriers/Challenges

There has been an outreach effort through hospitals as they have such a stake in readmission rates and outcomes of patients with COPD.

Activity 2:

Pharmacotherapy Provider Education

Between 10/2010 and 09/2011, In cooperation with the Kentucky Tobacco Control Program, engage and educate providers on reimbursement for recommended pharmacotherapy for smoking cessation.

Activity Status

Completed

Activity Outcome

The Tobacco Program has effectively provided information to providers on reimbursement regulations in Medicaid and Medicare.

Reasons for Success or Barriers/Challenges to Success

- There is a dedicated staff position for this effort currently.
- Providers want to be reimbursed for education if they conduct it
- KY Medicaid made changes to reimbursement which have incentives for providers to conduct smoking cessation assessment and order pharmacotherapy
- The Maternal Child Health Branch has conducted smoking cessation followup for pregnant mothers on Medicaid

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work in collaborative ways to meet this need.

Activity 3:

Health Underwriters Project

Between 10/2010 and 09/2011, The COPD Program Coordinator will provide one toolkit to the Kentucky Association of Health Underwriters to encourage Kentucky employers to provide tobacco cessation coverage as part of employee insurance plans.

Activity Status

Completed

Activity Outcome

The Kentucky Tobacco Control Program provided this toolkit to the Kentucky Association of Health Underwriters through a supplemental grant to the Tobacco Program.

Reasons for Success or Barriers/Challenges to Success

- Funding for this position was through a supplemental grant.
- Insurance underwriters are receptive as it reduces the cost of claims.

This may or may not be provided annually dependent upon staff time and continued funding.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Working collaborative partnerships with the Tobacco Control Program
- Working collaborative partnerships with self funded insurance companies.

Essential Service 5 – Develop policies and plans**Impact/Process Objective 1:****Support policies and plans related to COPD**

Between 10/2010 and 09/2011, The COPD Program Coordinator will identify **two** methods of supporting policy and plans in order to decrease the burden of COPD in Kentucky.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, The COPD Program Coordinator identified **two** methods of supporting policy and plans in order to decrease the burden of COPD in Kentucky.

Reasons for Success or Barriers/Challenges to Success

Working with partners the draft strategic plan is prepared, but not published.

Working with coalitions, advocacy groups and decision makers more than 30% of the state's population is covered by smoke free policy.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to use very organized approaches to strategic planning and policy efforts so that they are complimentary strategies to decrease the burden of COPD in the state.

Activity 1:**COPD Strategic Plan**

Between 10/2010 and 09/2011, Work in collaboration with the Kentucky COPD coalition, partners, and the University of Kentucky to develop a Kentucky COPD strategic plan which will be posted on the KDPH website and disseminated to partners.

Activity Status

Completed

Activity Outcome

The draft strategic plan was completed at the COPD summit although it is not yet published to the website it has been circulated to all COPD coalition members.

Reasons for Success or Barriers/Challenges to Success

- A highly effective COPD steering committee was organized prior to development of the strategic plan.
- COPD coalition members were engaged on development of goals and strategies
- A DrPH practicum student provided typing and drafts
- Ongoing communication between coalition members, steering committee and program staff was intentional

The draft has not been posted as there has been a change in staffing and the document has not been approved up through the cabinet level.

Strategies to Achieve Success or Overcome Barriers/Challenges

Consider how the draft may be finalized by working with the steering committee in the absence of staff support.

Activity 2:**Restriction on smoking in public places**

Between 10/2010 and 09/2011, Work in collaboration with the Tobacco Control Program , the Center for Smoke Free Policy and collaborative partners to obtain restrictions on smoking in work and public places.

Activity Status

Not Completed

Activity Outcome

More than 30% of the population in Kentucky is now covered by Smoke Free laws, but there is still no comprehensive state law on restrictions to smoking in work and public places.

Reasons for Success or Barriers/Challenges to Success

Although there are many advocacy groups working to increase local community ordinances, there is little political will to change the policy at the state level.

Strategies to Achieve Success or Overcome Barriers/Challenges

There is a very coordinated effort underway in Kentucky called Smoke Free Kentucky.

Each chronic disease categorical coalition has been asked to prioritize messaging on policy for smoke free Kentucky.

State Program Title: Comprehensive Cancer Prevention and Control Program

State Program Strategy:

Goal: Reduce the burden of colon cancer in Kentucky by decreasing colorectal cancer incidence and mortality rates through education and awareness and increased screening rates.

Priorities: Develop and enhance existing partnerships which will address colon cancer on both a state and local basis. Develop a process to communicate the importance of colon cancer screening so that clear consistent messages using evidence based guidelines are utilized. Identify barriers to colon cancer screening on a local level and improve access and awareness.

In the 2008 Kentucky legislative session, House Bill 415, which provides for development of a colon cancer screening program for the uninsured was passed and is now codified into statute as KRS 214.540. Unfortunately, funding was not appropriated due to budget issues in Kentucky. It is well known, that screening reduces mortality both by decreasing incidence (removing polyps before they are cancer) and by detecting a higher proportion of cancers at early, more treatable stages. Lack of funding has not prevented considerable efforts from taking place in the state over the past three years. An active and collaborative partnership was formed under the guidance of the Colon Cancer Screening Program Advisory Committee which meets monthly. This partnership has leveraged small amounts of funding and in-kind services to increase public awareness and education about colon cancer screening as well as increase access to screening for the uninsured.

Efforts to make cancer screening, information, and referral services available and accessible are essential for reducing incidence and mortality from colorectal cancer. Rates for colon cancer screening have steadily increased in the 5 years that the PHHSBG has been funding comprehensive cancer control education in the state with a special focus on colorectal cancer. In 2001 Kentucky had the lowest colorectal cancer screening rate as compared to other states according to national BRFSS data. Kentucky has now moved to a screening rate of 63.7% which has moved the state up to twenty third highest state screening rates in the US. Additional factors such as improved Medicare and Medicaid coverage in the state have affected this increase in screening as well as national partners such as the CDC Screen for Life program and statewide partners efforts.

The Department for Public Health (DPH) Comprehensive Cancer Control Program is partnering with the Kentucky Cancer Program with 15 regional offices and the Kentucky Cancer Consortium as well as private foundations such as the Colon Cancer Prevention Project to provide a statewide awareness and public outreach campaign. Internally the program is providing outreach and education to all 30,000 state health employees through a March colon cancer awareness campaign.

Primary Strategic Partners:

Internal partners: Health Promotion Branch- Tobacco Control, Obesity, Physical Activity, Worksite Wellness, KY Breast and Cervical Cancer Program, Office of Health Policy and the Department for Medicaid Services.

External partners: Colon Cancer Prevention Project, Kentucky Cancer Consortium, American Cancer Society, Kentucky Cancer Program, Kentucky Medical Association, Kentucky Hospital Association and local/district health departments and Federally Qualified Health Center network.

Role of PHHSBG Funds: The role of the Block Grant in this program is to support one FTE for the Comprehensive Cancer Program/Colon Cancer Program and to allocate funds to 3-5 pilot project areas for local outreach and education with the use of matching funds for screening the uninsured.

Evaluation Methodology: Local/district health departments are required to submit a budget and plan prior receiving funds objectives, strategy and activity that will be provided for colon cancer prevention. . At least three to five local/district health departments will be visited throughout the year and success stories will be solicited from these activities. BRFSS, Kentucky Cancer Registry and SEER data will be used to evaluate long term progress toward achieving the primary goal of reducing incidence and mortality from colon cancer. The program manager will summarize and analyze data from these sources in order to document progress and will provide an annual report to the legislature as required by statute.

National Health Objective: 3-5 Colorectal cancer deaths

State Health Objective(s):

Between 10/2007 and 12/2015, Decrease colon cancer death rate in Kentucky to no more than 18.5 per 100,000 persons in the state.

State Health Objective Status

In Progress

State Health Objective Outcome

The U.S. mortality rate for Colon Cancer is 17.6 per 100,000 compared to the Kentucky rate of 20.7 for years 2003-2007, the most recent aggregate mortality data available. The goal is to reduce the Kentucky CRC mortality rate to 18.5 by 2015 and this will be attainable with increased screening and early detection.

Reasons for Success or Barriers/Challenges to Success

Large network partnership and legislation passed by the Kentucky General Assembly to support the development of the Kentucky Colon Cancer Screening Program. Although an unfunded mandate, the partners are providing indirect support through multiple means.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work in partnership with the Colon Cancer Advisory Committee and the Colon Cancer Prevention Committee as well as the advocacy groups such as the American Cancer Society.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

PHHSBG funds are used to support the staff person at KDPH and also to provide minimal support for outreach, education and public awareness to pilot sites and a statewide media campaign. These dollars are matched with local tax dollars for screening and additional \$200,000 of Coal Severance Funds were awarded to four counties, Pike, Letcher, Floyd, and Martin in Appalachia for screening the uninsured.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Increase awareness of colorectal cancer screening

Between 10/2010 and 09/2011, The Comprehensive Cancer Program coordinator will maintain 4 methods of colon cancer awareness and messaging in Kentucky with special emphasis in Appalachia and African American populations.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, The Comprehensive Cancer Program coordinator maintained **Four** methods of colon cancer awareness and messaging in Kentucky with special emphasis in Appalachia and African American populations.

Reasons for Success or Barriers/Challenges to Success

The success of this objective is based on a well developed partnership with the Kentucky Colon Cancer Prevention Committee and the Kentucky Colon Cancer Screening Advisory Committee made up of cancer partners, health advocates and health educators, local health departments and others who are able to support these efforts. In addition PHHSBG funds are leveraged along with state funds and coal severance dollars to support a small screening program.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with partners and decision makers ensuring that the colon cancer screening program continues to develop and bring access to the uninsured and disparate populations.

Activity 1:

Colon Cancer Awareness Minigrants

Between 10/2010 and 09/2011, at least three local/district health departments in Kentucky will receive minigrants to implement colon cancer prevention and/or screening awareness activities utilizing a pre-approved list of evidence based strategies.

Activity Status

Completed

Activity Outcome

Minigrants were awarded to Pike County, Louisville Metro Health and Wellness and Christian County health departments for the purposes of screening awareness and outreach.

Reasons for Success or Barriers/Challenges to Success

These were limited funds and the health departments were expected to develop collaborative relationships within their communities to maximize the impact of these dollars. These funds were not used for screening so part of the process was for them to also find funding and partners who would provide screening and help with navigating patients to screening.

The efforts were successful and varied in each location which will be described in more detail in other objectives.

Louisville Metro Health Department partnered with the Kentucky Cancer Program funded with state general funds and the Colon Cancer Prevention Project (C2P2) to complete their activities including the successful outreach with the educational colon west taken to multiple sites in the Louisville and western area of the state.

The Pike County Health Department utilized local tax dollars and coal severance funds to provide screening along with a very successful media campaign to surrounding counties using the educational colon east.

The Christian County Health Department used local tax dollars and worked with a community gastroenterologist to begin free colon cancer screenings in their area.

Strategies to Achieve Success or Overcome Barriers/Challenges

These programs are expected to be sustainable in some form using local tax dollars. The educational colons will continue to be part of outreach/navigation and generate much free media.

Activity 2:

State or Regional Colon Cancer Forum

Between 10/2010 and 09/2011, The Kentucky Comprehensive Cancer Program in partnership with the Kentucky Cancer Consortium and the Kentucky Cancer Program will provide one state or regional cancer summit with a focus on colon cancer.

Activity Status

Completed

Activity Outcome

There was one regional colon cancer summit held in October 2010 in Pike County. There were almost 90 participants including state and local representatives and senators, health educators and members of the Colon Cancer Advisory Committee. Presentation were completed by the Kentucky Cancer Registry, survivors and advocates and updates by local health departments who were providing screening using local tax dollars.

Reasons for Success or Barriers/Challenges to Success

This regional forum was completed with a wide variety of partners. Funding was provided through the Preventive Health and Health Services Block Grant. The location in Pike County added emphasis to the disparate burden of colon cancer in the Appalachian area and made it possible for many partners in that area to attend.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue strong partnerships.

Activity 3:**Kentucky State Fair Healthy Horizons**

Between 07/2011 and 09/2011, The Colon Cancer Program Coordinator will participate in Healthy Horizons with distribution of information on colon cancer screening and awareness and utilize the Kentucky Educational Colon for interactive education.

Activity Status

Completed

Activity Outcome

KDPH organized three days for interactive display of a giant Educational Colon with over 6,000 people participating in August 2011. There are two educational colons funded by KDPH through the CDC PHHSBG grant and one is always made available during state fair. Volunteers included partners from the Colon Cancer Prevention Committee who were able to educate those who toured the interactive display.

Reasons for Success or Barriers/Challenges to Success

Participants were asked to complete a brief survey if over the age of fifty, regarding whether they had been screened for colon cancer and colon cancer history in their family. These results mirror information gained from the Kentucky BRFSS survey.

Strategies to Achieve Success or Overcome Barriers/Challenges

Partners will continue to be involved and future opportunities will include more days at the state fair as this has been an excellent outreach tool.

Activity 4:**Kentucky Educational Colon Tour**

Between 10/2010 and 09/2011, The Kentucky Department for Public Health in partnership with the Colon Cancer Prevention Project and the Kentucky Cancer Program will continue to promote a statewide campaign through an interactive walk through of the super colon which will be enhanced by having public health staff and other professional staff present to answer questions and navigate to appropriate colon cancer screening.

Activity Status

Completed

Activity Outcome

The educational colons have toured throughout the state. Having access to two educational walk through exhibits and the assistance and support of partners to staff the exhibit and answer questions, complete surveys and help to navigate people to screening has been highly successful. There is minimal or no charge for bringing the colon to areas to display.

Reasons for Success or Barriers/Challenges to Success

The purchase of these two colons to serve the entire state has led to free media as the newspapers, tv stations and others are very willing to do stories on the colon, survivors and those who need screening.

The colons are being used extensively for worksite Wellness events, high traffic opportunities such as Hillbilly Days in Pike County with over 100,000 in attendance and multiple other venues.

The colon has been displayed on the steps of the state Capitol in Frankfort during Women's Health week.

A YouTube video is captured on the KDPH website explaining screening and the educational colon impact.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to look for opportunities to maximize the outreach and media generated by the colon.

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Kentucky Colon Cancer Program

Between 10/2010 and 09/2011, The Comprehensive Cancer Program Coordinator will provide staff support for development of the Kentucky Colon Cancer Screening Program to **at least 3 partnerships or activities developed through** the Kentucky Colon Cancer Advisory Committee required by KRS 214.540-544.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, The Comprehensive Cancer Program Coordinator provided staff support for development of the Kentucky Colon Cancer Screening Program to **three** the Kentucky Colon Cancer Advisory Committee required by KRS 214.540-544.

Reasons for Success or Barriers/Challenges to Success

The Comprehensive Cancer Program Coordinator provides staff support for the Colon Cancer Advisory Committee, the development and management of the data system/work group and the KDPH colon cancer screening program website.

Strategies to Achieve Success or Overcome Barriers/Challenges

Five months of this funding year, the position was vacant. The Chronic Disease Prevention Branch Manager and a DrPH student, along with the Chronic Disease Branch Epidemiologist provided much staff support during this time. Partners were also effective in assisting with meetings.

Activity 1:

Kentucky Colon Cancer Advisory Committee

Between 10/2010 and 09/2011, The Comprehensive Cancer Program Manager will provide staff support at the monthly meetings of the Colon Cancer Screening Advisory Committee including maintenance of minutes as required by statute.

Activity Status

Completed

Activity Outcome

The Colon Cancer Screening Advisory Committee meets monthly. Members are appointed by statute and also can be appointed by the committee itself. Meetings are held in the Capitol Annex and minutes are kept by the KDPH program manager and are available through public record request.

Reasons for Success or Barriers/Challenges to Success

The program manager is an integral part of a highly engaged advisory committee. The committee continues to be strong advocates and partners in developing the screening program and to help find funding for screening.

Strategies to Achieve Success or Overcome Barriers/Challenges

The position was vacant for 5 months and has been filled. During this time a DrPH practicum student assigned to the KDPH Colon Cancer Program was used effectively to help manage minutes and staff support for the advisory committee.

Activity 2:

Colon Cancer Data System Workgroup

Between 10/2010 and 09/2011, The CCP manager will serve as a facilitator/staff member of the Data System Workgroup by providing meeting space, planning, materials, minutes and support for development and testing of a web based data system.

Activity Status

Completed

Activity Outcome

KDPH staff including the CCP manager and the Breast and Cervical Epidemiologist, the Chronic Disease Prevention Lead Epidemiologist, the Chronic Disease Prevention Branch Manager, the Office of Information Technology, Pike County Health Department, the Kentucky Cancer Registry and a DrPH student from KCR compiled the work group for data management and testing.

Reasons for Success or Barriers/Challenges to Success

This was a very engaged group testing a platform that was available through the internal Cabinet for Health and Family Services Information Technology group.

Unfortunately the development and testing of this platform when complete created a conclusion that it was not sophisticated enough to use for data collection and transmission specs as developed by the data group.

This is a free system and so there will need to be funds to develop a more sophisticated system.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to look for sources of funding to build an adequate system.

Reports are currently kept in an excel database, but this will be difficult to provide data uploads for any sort of comparative data use.

Activity 3:**Colon Cancer Screening Program Website**

Between 10/2010 and 09/2011, The program manager will continue to add appropriate public awareness messaging, provider resources and toolkits and additional links and updates to the state colon cancer prevention and screening website in collaboration with the Colon Cancer Screening Program Advisory Committee and the Workforce Development Branch.

Activity Status

Completed

Activity Outcome

The KDPH Colon Cancer Screening website is widely utilized by partners, public and advocates for resources and messaging. This website can be easily updated by internal staff and used by all partners.

Reasons for Success or Barriers/Challenges to Success

The website is static and not dynamic so it does not have

The website is accessed by three clicks after entering the KDPH site and may be more than some people are able to navigate easily. It would be better to have an individually named website.

Strategies to Achieve Success or Overcome Barriers/Challenges

Working with Office of Information Technology to determine if a separate link to the website can be set up. Would like to link to Facebook if opportunity arises, but must be determined due to other statewide restrictions.

Essential Service 5 – Develop policies and plans**Impact/Process Objective 1:****Colon Cancer Screening Awareness**

Between 10/2010 and 09/2011, The Comprehensive Cancer Program Manager in collaboration with the Colon Cancer Advisory Committee will maintain **68.5%** colon cancer screening rate by colonoscopy or sigmoidoscopy of individuals over the age of fifty who are permanent residents of Kentucky and respond to the BRFSS survey.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, The Comprehensive Cancer Program Manager in collaboration with the Colon Cancer Advisory Committee maintained **63.7%** colon cancer screening rate by colonoscopy or sigmoidoscopy of individuals over the age of fifty who are permanent residents of Kentucky and respond to the BRFSS survey.

Reasons for Success or Barriers/Challenges to Success

An objective was written that the Comprehensive Cancer Program manager, in collaboration with the Colon Cancer Advisory Committee, will maintain 68.5% colon cancer screening rate by colonoscopy or sigmoidoscopy of individuals over the age of fifty who are permanent residents of Kentucky and respond to the BRFSS survey. However, 68.5 was an inaccurate figure. Kentucky has never reached 68.5%, so we

would not be able to maintain that rate. During 2008 that rate was 63.7% and we maintained that rate during 2010 at 63.7%.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Kentucky Comprehensive Cancer Program works in conjunction with the Kentucky Cancer Program to distribute and evaluate colon cancer screening messages for Kentuckians at the state and local level. This coordinated messaging is funded through the Kentucky General Assembly to both the University of Kentucky and the University of Louisville with sites in all 15 area develop districts (ADDs).

Activity 1:

Outreach and Education

Between 10/2010 and 09/2011, Distribute and evaluate colon cancer screening messages for Kentuckians at the state and local level.

Activity Status

Completed

Activity Outcome

The Colon Cancer Screening Program has used multiple colon cancer screening messages.

The Screen for Life literature is made widely available at events and venues where the educational colon is displayed. In addition the Kentucky Cancer Program has developed KY specific book marks and posters for use at the state and local level.

The Colon Cancer Prevention Project shared "Are You At Risk" pamphlets for distribution.

Reasons for Success or Barriers/Challenges to Success

Evidence based free materials were available through CDC.

Kentucky Cancer Program used their own funds to print additional Kentucky specific literature.

Strategies to Achieve Success or Overcome Barriers/Challenges

continue to use evidence based messaging which are inexpensive.

Activity 2:

Provide technical assistance to pilot sites

Between 10/2010 and 09/2011, The program coordinator will provide materials, connect pilot sites with state and national resources, and make site visits to determine effectiveness of the programs.

Activity Status

Completed

Activity Outcome

The Colon Cancer Program Coordinator made at least monthly site visits to pilot areas, and provided program manual, best practices, free screening literature and shared copies of contracts produced by the lead pilot site Pike County Health Department.

Reasons for Success or Barriers/Challenges to Success

Site visits were a very effective venue for assisting programs in development. Additional methods utilized for training and technical assistance included webinars, TRAIN system and conference calling. Also, pilot sites were included on list serves of national organizations and sent any updates.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to evaluate all methods of technical assistance to pilot sites in implementation and development stages.

Impact/Process Objective 2:**Develop annual report for legislature and the public.**

Between 10/2010 and 09/2011, The Kentucky Cancer Program Coordinator in cooperation with the state Colon Cancer Screening Program Advisory Committee will publish one annual report as described by KRS 214.540-544.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, The Kentucky Cancer Program Coordinator in cooperation with the state Colon Cancer Screening Program Advisory Committee published one annual report as described by KRS 214.540-544.

Reasons for Success or Barriers/Challenges to Success

The annual report for the Colon Cancer Advisory Committee is legislated in KRS 214.540. Partners assist with the development of the report including data from the Kentucky Cancer Registry and input by partners on outreach and education efforts.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work in partnership with all collaborative groups.

Activity 1:**Annual Report Development**

Between 10/2010 and 12/2010, An annual report including current burden, mortality and screening rates, activities of the program and partners and accomplishments will be developed.

Activity Status

Completed

Activity Outcome

The report is accomplished working with partners and is made widely available. Data section is completed by the Kentucky Cancer Registry. Input from the BRFSS program, the Kentucky Cancer Program, the Kentucky Cancer Consortium, the American Cancer Society, the Colon Cancer Prevention Project and the KY Office of Health Policy is all included. KDPH manages the compilation.

Reasons for Success or Barriers/Challenges to Success

Great working partnership has made this annual report successful.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue working in partnerships.

Activity 2:**Distribution of the Annual Report**

Between 01/2011 and 09/2011, The annual report will be distributed to the advisory committee, Commissioner of Public Health, Secretary of the Cabinet, Legislative Research Commission, Legislative Health and Welfare Committee, and be available to the general public per KRS 214.540-544.

Activity Status

Completed

Activity Outcome

The annual report was distributed to all required entities and offices and is also available on the KDPH website.

Reasons for Success or Barriers/Challenges to Success

A large list serve is also used to distribute the pdf minimizing printing costs.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with all networking opportunities. The annual report is used all year long by partners who work in community, with providers, decision makers and others.

Essential Service 8 – Assure competent workforce**Impact/Process Objective 1:****Education and Workforce Development**

Between 10/2010 and 09/2011, The Comprehensive Cancer Program Manager will review **two** evidence based training methods for colon cancer screening updates for clinical professionals.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, The Comprehensive Cancer Program Manager reviewed **two** evidence based training methods for colon cancer screening updates for clinical professionals.

Reasons for Success or Barriers/Challenges to Success

Patient Navigation Manual was created and training for public health nurses on colon cancer screening methods was conducted.

Strategies to Achieve Success or Overcome Barriers/Challenges

Worked with systems that are already developed such as the New York Patient Navigation training and also Public Health TRAIN system which is free. There is still a cost in staff support time that must be managed and cost to publishing any Patient Navigation manuals.

Activity 1:**Patient Navigation**

Between 10/2010 and 09/2011, Identify and evaluate a patient navigation model for best practice in pilot sites.

Activity Status

Not Completed

Activity Outcome

A patient navigation model has been identified from New York which was designed by Dr. Freedman. The former CCP program manager went to the training in New York and was certified, but has since left her position.

Reasons for Success or Barriers/Challenges to Success

Funding and travel was allowed for this training and certification process, but the individual has vacated the position. The system and program manual is all developed and will be revised soon for use by pilot sites.

Strategies to Achieve Success or Overcome Barriers/Challenges

A Kentucky Patient Navigation manual is essential to the progress and this process. We cannot rely on certification from out of state.

Partners will work together to accomplish this activity.

Activity 2:**Provide one clinical update on colon cancer screening**

Between 10/2010 and 09/2011, The CCP Manager will work with a physician champion to provide and tape a presentation on current screening recommendations, methods and referral process which can be made available for Continuing Education.

Activity Status

Completed

Activity Outcome

The KDPH Public Health TRAIN system provided a venue in October for a presentation on screening methods for colon cancer by Dr. Whitney Jones, chair of the Colon Cancer Advisory Committee. The TRAIN system makes videoconferencing available to all 58 local and district health departments in Kentucky.

Reasons for Success or Barriers/Challenges to Success

The videoconference was held in the morning before the Regional Forum in Pike County and was actually taped in Pike County generating more interest from the partners.

The taped presentation is available on the KDPH Colon Cancer website.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to use free methods that do not require travel for education and updates. Consider provider CEU's in the future including nursing, CHES, and physician in order to measure impact.

State Program Title: Health Care Access**State Program Strategy:**

GOAL: To increase access to primary episodic medical care for the uninsured by creating a network of providers and to increase the ability of Kentuckians who are uninsured to receive needed medications.

Priorities: The Kentucky Physician Care Program (KPCP) is part of the Health Kentucky Network and is facilitated by partnership with the Health Care Access Branch within the Kentucky Department for Public Health (DPH). The program consists of state and private partners who donate their time and materials to provide free one time routine care to low income uninsured citizens of the Commonwealth.

The process of this program includes the facilitation of a toll free hotline maintained at the Kentucky Department for Public Health in the Health Care Access Branch. Professional staff are available to answer calls and make referrals to a participating provider. Additionally, in 2009 the Kentucky Legislature passed a law establishing a Kentucky Prescription Assistance Program in the state which is also managed by the Health Care Access Branch. There are now over 250 Kentucky Prescription Assistance Program satellite sites throughout Kentucky where a client may receive free assistance in receiving medications through pharmaceutical companies. Trained volunteers or staff assist the client with access to databases for prescription assistance forms and help with the sometimes cumbersome details for these programs.

Role of the PHHSBG: is to provide funding through the Health Care Access Branch (HCAB) to Health Kentucky, Inc., a nonprofit charitable organization that coordinates a statewide network of volunteer providers through the Kentucky Physician's Care Program. There are multiple providers throughout the state who have volunteered to participate in this program. The introduction of the Kentucky Prescription Assistance Program through the HCAB as mandated by the Kentucky Legislature has provided additional benefits to clients who are in need of medications. The burden of unemployment and the economy continues to impact the 16.7% of Kentuckians who have no health insurance. PHHSBG will be utilized by Health Kentucky, Inc. in recruitment efforts of volunteer physicians, dentists, and pharmacies.

The Kentucky Department for Public Health contributes funding for approximately 4.5 FTE to this program for the operation of the hotline and for the staffing of the KPCP help desk as well as supporting 3 professional staff as Community Organizers for the Kentucky Prescription Assistance Program. There are over \$500,000 of state general funds invested for these activities. In addition, the indirect cost of office space, supplies, telephone, which is substantial, is also provided by the Department for Public Health.

Partnerships:

Internal: Department for Community Based Services, Department for Medicaid Services, Local Health Departments.

External: Health Kentucky, Kentucky Medical Association, Kentucky Pharmacy Association, Kentucky Primary Care Association, Foundation for A Healthy Kentucky, Kentucky Prescription Assistance Satellite sites, Free Clinic Association.

Evaluation Methodology

The effectiveness of the program will continue to be evaluated through the amount of phone calls received, number of clients served and number of referrals accepted by providers annually in order to evaluate reach to uninsured adults in Kentucky. BRFSS data on Health Care Access questions such as lack of health care coverage, usual source of care and care delays will be evaluated for baseline numbers of access issues. Health KY will conduct surveys of volunteer physicians, dentists and providers regarding the operation of the program to determine satisfaction. Cost benefit analysis of the KPCP program in terms of number of clients served and relative value will be captured.

National Health Objective: 1-6 Difficulty or delays in obtaining needed health care

State Health Objective(s):

Between 10/2000 and 12/2020, Reduce to no more than 10 percent, the proportion of individuals/families who report that they did not obtain all of the health care that they needed.

State Health Objective Status

In Progress

State Health Objective Outcome

Although work is in progress and this is a 2020 goal, we looked at a proxy measure - the amount of people who had insurance in 2009 81.3% and compared it to 2010 79.7%. There are now more uninsured people and due to the economic issues the problems are escalating. However, we have very exciting programs in place in Kentucky which have been very helpful to those without access.

Reasons for Success or Barriers/Challenges to Success

The Kentucky legislature has enacted the KY Prescription Assistance Program and funded the program so that there are regional coordinators and local groups can use the software free.

The Kentucky legislature also provides for medical malpractice reimbursement for Free Clinics in Kentucky through a series of coordinated approaches including the Charitable Health Care statutes.

The Kentucky Medical Association supports the design of Health KY or Kentucky Physician's Care Program where physicians can volunteer services to see patients who are uninsured.

Strategies to Achieve Success or Overcome Barriers/Challenges

The amount of funding is always a challenge in state budgets.

Multiple partnerships have been established with Federally Qualified Health Centers and the Free Clinic Association.

Kentucky Prescription Assistance Program is designed to help the uninsured and those who could not access the system get medications on an ongoing process.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

PHHSBG funds are used to support the Health KY program through the Kentucky Health Care Access Branch. This program is designed to match the uninsured between the ages of 18 and 64 with a care provider who will volunteer to see the patient as well as helping the patient to fill out forms through the Kentucky Prescription Assistance Program for access to medications from pharmacy companies that they would not have been able to fill out on their own.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 7 – Link people to services

Impact/Process Objective 1:

Linking the Uninsured with Access to Health Care

Between 10/2010 and 09/2011, The Kentucky Physician's Care Program (KPCP) will maintain **two** methods of linking the uninsured with health care and prescription assistance.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, The Kentucky Physician's Care Program (KPCP) maintained **two** methods of linking the uninsured with health care and prescription assistance.

Reasons for Success or Barriers/Challenges to Success

There are two developed programs through the Kentucky Physicians' Care Program which include a statewide 800 number for patients to get assistance with physician visits and the Kentucky Prescription Assistance Program,

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work in partnership with entities and decision makers who are supportive of this process.

Activity 1:

Expand the KPCP network

Between 10/2010 and 09/2011, Health Kentucky will strengthen and expand the network by enrolling additional free clinics, Federally Qualified Health Centers and private providers in the network.

Activity Status

Completed

Activity Outcome

KPC currently has 784 physicians.

Health Kentucky, Inc. has been working with the Kentucky Medical Association to recruit physicians. HK, Inc. also purchased an address and email listing to individually solicit physicians to participate.

Reasons for Success or Barriers/Challenges to Success

Anecdotally, from discussing the issue numerous physicians in the state, the primary barrier has been a paradigm shift on how physicians chose to care for indigent/uninsured patients. The primary issue appears to be practitioner liability. Many physicians are flocking to the free clinics that have been created all around the state rather than participate in KPC. The practitioners have stated that when they see a patient in their office they are then liable for further and future follow-up (KPC only provides 1 free referral per doctor, follow-up is between the patient and the volunteer physician). Practitioners would prefer to donate their time to a free clinic where they know follow-up will be covered by someone at the clinic.

The other known factor is that many physicians have noted that they will see someone who is low-income self-pay and provide the service pro-bono, but don't want it known and KPC would promote that model.

Strategies to Achieve Success or Overcome Barriers/Challenges

Several ideas and plans are circulating in Health Kentucky, Inc. and the KPC Central Office to modernize the program and Health Reform may play a part including tort reform.

Activity 2:

Reporting Reach

Between 10/2010 and 09/2011, Monitor and report the number of calls received, clients served and referrals provided.

Activity Status

Completed

Activity Outcome

During this reporting period the KPC program had 14,711 active clients with over 20,000 calls received.

Reasons for Success or Barriers/Challenges to Success

State general funds support four positions for answering the 800 number.

State general funds support the Kentucky Prescription Assistance through 3 regional community organizers and the purchase and use of the software by any clinic or faith based organization

Federally Qualified Health Centers and Free Clinics are working with the program to provide visits.

Strategies to Achieve Success or Overcome Barriers/Challenges

To achieve success and overcome these barriers:

The Cabinet has pre-filed legislation, in partnership with the pharmaceutical manufacturers, to allow the pharmaceutical component of the programs eligibility to match their poverty levels set for their traditional Prescription Assistance Program (PAPs). This change will allow patients who are 200-400% FPL (depending on each company) to obtain free medications through KPC. This change alone is expected to at least double KPC participation.

As part of this change, it will allow individuals WITH insurance but WITHOUT prescription coverage who meet all other eligibility requirement, to participate in the program.

KPC's sister program, the Kentucky Prescription Assistance Program (KPAP) has several hundred local sites that provide prescription assistance. These sites have been encouraged to also be KPC satellite sites. KPC satellite sites are capable of providing complete eligibility unlike the DCBS sites, allowing for greater success in a client obtaining/bringing back necessary documentation as needed to complete eligibility.

State Program Title: Kentucky Healthy Communities

State Program Strategy:

Goal: The Healthy Communities Program in Kentucky is a multi-faceted program initially developed in 2009 through a collaboration of partners in the Health Promotion Branch and the Chronic Disease Prevention Branch in order to create infrastructure for community environments where safety, Wellness and effective prevention strategies are available. The overarching goal is to support local health programs, systems and policies to achieve healthy communities.

Priorities: The Kentucky Department for Public Health in cooperation with multiple partners will establish the following: 1) Provide a broad-based networking opportunity for building community coalitions; 2) Disseminate and provide training on evidence-based prevention programs; 3) Provide an annual Healthy Community conference; 4) Improve the use of data and surveillance at the community level in order to assist communities to prioritize strategies; 5) Develop a statewide strategic Healthy Community Plan

Primary Strategic Partners:

The Healthy Community Program has several strategic partners, both internal and external who will assist with the development and implementation of the program. Internal partners include BRFSS, Tobacco Control, Obesity, Arthritis/Osteoporosis, Worksite Wellness, Diabetes, Physical Activity and Heart Disease and Stroke Programs in KDPH as well as Coordinated School Health, Dept of Medicaid Services and the Department of Aging and Independent Living. External partners include the Foundation for a Healthy Kentucky, Kentucky Transportation Cabinet, University of Kentucky Area Health Education Centers, University of Kentucky Health Smoke Free Policy and Research, Kentucky Department of Education, Kentucky Injury Prevention Research Center, Kentucky Health Department Association and their respective health departments and community-based hospitals and clinics.

Role of PHHSBG Funds: The role of the PHHSBG in this program is to provide funding to local health departments to implement strategies addressing infrastructure to build coalitions at the local level. There are two separate categories of funding. The largest amount of funding will go to all 57 local and district health departments who must complete seven mandatory strategies and develop local coalitions. The second funding stream will be integrated with objectives and funding using two sources of state funding Tobacco Settlement, and Osteoporosis as well as the federal Healthy Communities funding for 3 pilot sites.

Evaluation Methodology: Evaluation methods will include assessment of community coalitions through site based visits, receipt and review of reports, reach and engagement of local partners, and implementation of the seven mandatory strategies as well as fiscal reporting. Also evaluated will be numbers of evidence based strategies including smoke free schools and places of business, biking paths, hiking trails, and access to healthy foods. In addition, the attendance at the Healthy Community Annual Conference with post conference evaluation and ongoing surveys will be completed. BRFSS data will also be monitored annually for improvement in nutrition, physical activity and decreased smoking rates.

National Health Objective: 7-10 Community health promotion programs

State Health Objective(s):

Between 04/2008 and 09/2020, Increase the proportion of communities in Kentucky that have established a Healthy Communities Coalition addressing multiple Healthy People objectives through policy, systems and environmental change who provide reporting to the KY Department for Public Health.

State Health Objective Status

Exceeded

State Health Objective Outcome

Kentucky currently has 57 communities that have established Healthy Communities Coalitions which successfully address over arching risk factors such as exposure to smoke, access to physical activity and improved nutrition.

Reasons for Success or Barriers/Challenges to Success

Kentucky is fortunate to have several drivers for Healthy Communities. The first is a growing awareness of policy, systems and environmental change strategies as sustainable methods of improving the health of Kentuckians. PHHSBG funding has provided infrastructure support for staff at local health departments to develop coalitions, the Foundation for a Healthy Kentucky has provided technical support and training, and the Kentucky Voices for Health state coalition has helped to advocate for access to care. Three Kentucky communities were also chosen by national organizations in this grant year for work as ACHIEVE communities, one with NACDD, one with YMCA and one with NACDD.

Strategies to Achieve Success or Overcome Barriers/Challenges

Reported outcomes from communities have included smoke-free policy changes and completed environmental changes that improve access to physical activity such as Complete Streets.

Communities have secured additional funding and in-kind services from a variety of sources to aid in sustainability of strategies as well as enhanced changes.

Communicating with partners regarding financial and service needs has led to resources being offered by partners. Coalition members are researching and applying for additional funding sources.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Local tax dollars and indirect support are used to support these coalitions and their work. Many private businesses have also provided support in terms of helping to develop parks, community gardens, pave and mulch parks, greenhouses at schools and other methods.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process Objective 1:

Data Sources

Between 10/2010 and 09/2011, The Healthy Communities Coordinator in collaboration with the internal Healthy Communities Team will identify **two** methods of training on data sources for determining community needs.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, The Healthy Communities Coordinator in collaboration with the internal Healthy Communities Team identified two methods of training on data sources for determining community needs.

Reasons for Success or Barriers/Challenges to Success

In collaboration with the Kentucky Health Department Association and the County Health Rankings grant from the University of Wisconsin, training on the use of County Health Rankings was conducted at the Healthy Community Conference in May of 2011.

Training has also been provided on Health Impact Assessment through a webinar open to all coalitions in the state.

Policy training on approaches to Obesity was provided by the Partnership for a Fit Kentucky.

Strategies to Achieve Success or Overcome Barriers/Challenges

Using collaborative resources and experts available for training and best practice has helped to provide exposure to data sources and use of data to determine community needs.

Activity 1:**County Level Health Data**

Between 10/2010 and 09/2011, Provide training on County Level Health Data in cooperation with the Foundation for a Healthy Kentucky and Kentucky Health Department Directors at the annual Healthy Communities Conference through expert panel presentation and focused discussion groups.

Activity Status

Completed

Activity Outcome

At the May 2011 Healthy Community Conference a panel discussion was convened to discuss County Level Health Data. Members of the state BRFSS team, the Foundation for a Healthy KY who use the BRFSS data to support county data and the University of Wisconsin providing an expert resource person for this conference, the resources were well explored.

<http://chfs.ky.gov/dph/info/dpqi/cd/brfss.htm>

<http://www.countyhealthrankings.org/>

<http://www.kentuckyhealthfacts.org/>

Reasons for Success or Barriers/Challenges to Success

Partnership and leveraging of resources, use of experts allowed this to be a very effective method of presentation.

Copies of the smaller version of the County Level Health Data were distributed and all attendees were directed to the website for updated and interactive information.

Follow up webinars from County Level Health Rankings were sent out by list serve.

Strategies to Achieve Success or Overcome Barriers/Challenges

County level health data is very important to the local communities and working in partnership with the Foundation for a Healthy Kentucky, the state BRFSS coordinator and County Level Data group, this will be a continued effort.

The KDPH BRFSS team has applied for and received a grant to provide this training again this year.

Activity 2:**Using Data to Activate and Motivate**

Between 10/2010 and 09/2011, Working in collaboration with internal and external partners provide a statewide videoconference or webinar on using data to prioritize policy and systems change strategies.

Activity Status

Completed

Activity Outcome

Multiple opportunities for training have existed this grant year. Obesity Policy Forums through the Partnership for a Fit Kentucky were held, training on Health Impact Assessment was conducted, <http://www.healthy-ky.org/BostHealthPolicyForum.aspx>

Reasons for Success or Barriers/Challenges to Success

Working with multiple established partnerships and using support of their resources.

Strategies to Achieve Success or Overcome Barriers/Challenges

With funding becoming limited locally, state budget and federal, it will be challenging to expand training and expectations. However, it is essential.

Impact/Process Objective 2:**Change Tool**

Between 10/2010 and 09/2011, The Healthy Communities Coordinator in collaboration with the internal Healthy Communities Team will obtain **one** training on the CHANGE tool instrument as developed by the CDC for use with the Healthy Communities Program.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, The Healthy Communities Coordinator in collaboration with the internal Healthy Communities Team obtained **one** training on the CHANGE tool instrument as developed by the CDC for use with the Healthy Communities Program.

Reasons for Success or Barriers/Challenges to Success

The Healthy Communities Coordinator has completed CHANGE tool assessment training in March 2011. This training had previously been completed by the PHHSBG grant coordinator who is also the Chronic Disease Director for the state.

Additional ACHIEVE sites have been named in Kentucky funded through YMCA, NACCHO and NACDD and their CHART leaders have received training as well.

Strategies to Achieve Success or Overcome Barriers/Challenges

Use the ACHIEVE model of Action Institutes and CHARTS to provide training and support through mentor sites.

Activity 1:**CHANGE TOOL TRAINING**

Between 10/2010 and 09/2011, The Healthy Communities Coordinator will attend training by CDC on the CHANGE tool.

Activity Status

Completed

Activity Outcome

Training was attended in March 2011 along with the CHART team from Manchester Kentucky the new NACDD site. The Healthy Communities Coordinator provides technical support for this team.

Reasons for Success or Barriers/Challenges to Success

Funding through NACDD was provided for travel for the Healthy Communities Coordinator and the CHART team to this Action Institute, ongoing training and webinars are provided by CDC as well.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with local ACHIEVE site, and CDC for required support for the CHANGE tool.

Activity 2:**CHANGE Tool Review**

Between 10/2010 and 09/2011, The internal Healthy Communities Team including the Physical Activity Coordinator, Tobacco Control Program, ACHIEVE Community Coordinator, Obesity Coordinator, and Arthritis/Osteoporosis Coordinator will evaluate the CHANGE tool for presentation to the funded Healthy Communities.

Activity Status

Completed

Activity Outcome

The review was completed, however; due to the limited funding available for additional communities, the requirement for the CHANGE tool assessment was eliminated from this years activities and confined to only the ACHIEVE sites in the state.

Reasons for Success or Barriers/Challenges to Success

Evaluation was performed and due to the comprehensive nature and time required to complete the CHANGE tool, there was no requirement for the communities to complete.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with ACHIEVE sites in the state to determine if the CHANGE tool can be implemented statewide.

Essential Service 3 – Inform and Educate**Impact/Process Objective 1:****Healthy Community Tools**

Between 10/2010 and 09/2011, The Healthy Community Coordinator in collaboration with the internal Healthy Community Team will establish 3 methods of educating the public and professionals on the Healthy Community Program in Kentucky.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, The Healthy Community Coordinator in collaboration with the internal Healthy Community Team established two methods of educating the public and professionals on the Healthy Community Program in Kentucky.

Reasons for Success or Barriers/Challenges to Success

Kentucky has been fortunate enough to have two ACHIEVE sites and six Healthy Community comprehensive sites as well as capacity building coalitions in 57 communities. Time has been spent working with those communities and developing a systematic process for support and the website has not been established and updated. Limited resources on the KDPH website are available at this time.

Strategies to Achieve Success or Overcome Barriers/Challenges

Although the website has not been established and well developed, resources have been pushed out to the Healthy Community coalitions via a large list serve and sharing network.

Activity 1:

Healthy Community website

Between 10/2010 and 09/2011, A Healthy Community website will be established and updated within the KY Department for Public Health.

Activity Status

Not Completed

Activity Outcome

There is a website with limited resources at this time.

<http://chfs.ky.gov/dph/mch/hp/healthycommunity.htm>

Reasons for Success or Barriers/Challenges to Success

Lack of adequate staff dedicated to this task.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with internal support systems and identify those with skills and time to update the website.

Activity 2:

Use of a list-serve for updating information

Between 10/2010 and 09/2011, A list serve which can be widely promoted and used to disseminate information will be developed for the Healthy Communities program.

Activity Status

Completed

Activity Outcome

There are two list serves that provide support to the Healthy Communities program. The Healthy Community list serve created for the funded sites through the local health departments and the Partnership for a Fit Kentucky list serve which all partners can participate in. www.fitky.org

Reasons for Success or Barriers/Challenges to Success

These two list serves are providing effective means of linkage communication at the current time.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to evaluate additional methods of list serve communication and other social media outreach such as Facebook and Twitter as well as working with the Coordinated Chronic Disease state plan.

Activity 3:

Healthy Community Conference

Between 10/2010 and 09/2011, by May 2011, there will be one annual conference focusing on education and updates for collaborative partners in the Healthy Communities process.

Activity Status

Completed

Activity Outcome

The Healthy Communities annual conference was held in May 2011 in Lexington Kentucky. National speaker Monte Roulier was contracted to assist with facilitation and training. Other key presentations included a panel of the funded ACHIEVE and Healthy Communities, Complete Streets Training by the Kentucky Department of Transportation and presentation on the use of County Health Rankings for assessments and prioritization of strategies.

Reasons for Success or Barriers/Challenges to Success

This was a very successful venue with over 100 in attendance. The second day of the training was for Tobacco Coordinators in the state so that encouraged much participation.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continued partnerships will be developed.

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Healthy Community Coalitions

Between 10/2010 and 09/2011, Local and District Health Departments in collaboration with the KDPH internal Healthy Community team will increase the number of local Healthy Community Coalitions reporting on outcomes from their coalitions from seven to 57.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, Local and District Health Departments in collaboration with the KDPH internal Healthy Community team increased the number of local Healthy Community Coalitions reporting on outcomes from their coalitions from seven to 57.

Reasons for Success or Barriers/Challenges to Success

All 57 local and district health departments are reporting on activities through the DataMart system. This is a limited system so an additional reporting mechanism is in beta testing.

Strategies to Achieve Success or Overcome Barriers/Challenges

The reporting mechanism is still not integrated or as sophisticated as desired. Additional changes will be made to the reporting structure.

Activity 1:

Create infrastructure

Between 10/2010 and 09/2011, Provide funding to local health departments through plan and budget and/or RFP process for the development of Healthy Community Coalitions.

Activity Status

Completed

Activity Outcome

Each spring the local health departments submit a plan and budget for the Healthy Community Cost Center. This plan and budget must meet six required elements including:

Reasons for Success or Barriers/Challenges to Success

Systematic approach is in place and funding through PHHSBG with additional local tax dollar support is available.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to evaluate and update this process.

Activity 2:**Integration with Chronic Disease/Health Promotion**

Between 10/2010 and 09/2011, Internal KDPH programs will work together to create opportunities for shared meetings at both the state and local level.

Activity Status

Completed

Activity Outcome

There have been multiple shared opportunities for shared meetings and activities. The Healthy Community Conference has been one example of this process. Additional opportunities have been through strategic internal meetings on the Coordinated Chronic Disease Prevention and Health Promotion Grant and state planning process and working with the Community Transformation Grantee, Project Unite to bring support, coordination and technical assistance.

Reasons for Success or Barriers/Challenges to Success

KDPH is working to develop an intentional coordinated approach to program planning and shared meetings which has been asked for by the funded entities.

Barriers continue to be categorical funded programs have no need to coordinate activities and over arching objectives.

Strategies to Achieve Success or Overcome Barriers/Challenges

Work with this process continues including leadership meetings, getting input from external partners, and working with CDC to develop systems processes.

Essential Service 5 – Develop policies and plans**Impact/Process Objective 1:****Local policy and plans**

Between 10/2010 and 09/2011, The Healthy Community Coordinator in collaboration with local Healthy Community Coalitions and the internal Healthy Community Team will collect **two** reporting measurements from funded communities related to local policy, environmental and systems change to improve community health.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, The Healthy Community Coordinator in collaboration with local Healthy Community Coalitions and the internal Healthy Community Team collected **two** reporting measurements

from funded communities related to local policy, environmental and systems change to improve community health.

Reasons for Success or Barriers/Challenges to Success

Some success stories have been collected from communities, but not all have submitted them. All have reported on activities by some method. Almost all have submitted the required Walkability Assessment form for at least one strategic area in their community.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to develop training on Success Story writing and an adequate reporting system

Activity 1:

Active Coalitions

Between 10/2010 and 09/2011, Number of Healthy Community Coalitions who met at least four times between 10/2010 and 9/2011.

Activity Status

Completed

Activity Outcome

Approximately 27 coalitions met at least four times. An additional 31 met at least once.

Reasons for Success or Barriers/Challenges to Success

Due to the limited funding offered through this grant, not all coalitions have developed infrastructure and sustainability. Additional, training and technical assistance is being offered through internal KDPH support and also through the Foundation for a Healthy Kentucky, a private 501 c3 which offers additional grants and training opportunities throughout the state.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to build strong partnerships.

Activity 2:

Number of policy or environmental change strategies implemented

Between 10/2010 and 09/2011, The number of policy, systems and environmental change strategies will be counted and reported for each funded community.

Activity Status

Not Completed

Activity Outcome

We were unable to count the number of policies passed at the local level.

Reasons for Success or Barriers/Challenges to Success

Due to the problem in reporting infrastructure there is currently no way to measure policy change adequately. The University of Kentucky Center for Smoke Free Policy does track local Smoke Free ordinances.

Strategies to Achieve Success or Overcome Barriers/Challenges

Create a work group to develop a systematic reporting system for policy changes.

Impact/Process Objective 2:

Healthy Community State Strategic Plan

Between 10/2010 and 09/2011, The KDPH internal Healthy Community Team in collaboration with statewide partners will develop one Kentucky Healthy Community Strategic Plan.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, The KDPH internal Healthy Community Team in collaboration with statewide partners developed no Kentucky Healthy Community Strategic Plan.

Reasons for Success or Barriers/Challenges to Success

Much of our resources and time has been devoted to building capacity and creating infrastructure for Healthy Communities at the local level. Additional factors are work on the KDPH strategic plan as a requirement for accreditation, work on Healthy Kentucky 2020 objectives and the May CDC FOA announcements for CTG and CCDPHP grants. These coupled with work on the Kentucky Coordinated Chronic Disease Prevention and Health Promotion state plan make it difficult to determine if an additional strategic plan is necessary or could be minimal and in tandem with the other plans.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to discuss with internal and external partners.

Activity 1:

Engage internal and external partners

Between 10/2010 and 09/2011, Identify and engage partners in the strategic planning process.

Activity Status

Completed

Activity Outcome

Partners are engaged in the KDPH strategic planning process, Healthy Kentucky 2020 planning process and the CCDPHP state plan process.

Reasons for Success or Barriers/Challenges to Success

Development of an additional plan may be unnecessary and will continue to be evaluated.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue discussions with internal leadership and external partners as part of the CCDPHP steering committee.

Activity 2:

Virtual and face to face meetings

Between 10/2010 and 09/2011, Provide venue for meetings and communication process to establish input on goals, objectives and activities for the state plan.

Activity Status

Completed

Activity Outcome

Internal leadership meetings have been part of this communication process during October 2010 to September 2011.

Beginning May 2011, commencing with writing the CTG grant and the CCDPHP grant there have been monthly face to face meetings of the Coordinated Chronic Disease state plan steering committee.

Reasons for Success or Barriers/Challenges to Success

Continue to meet with steering committee members and stakeholders on the above named strategic plans.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to evaluate

Activity 3:

Review of strategic plan

Between 10/2010 and 09/2011, A draft of the state strategic plan will be disseminated to internal and external partners as well as leadership for review and final approval.

Activity Status

Not Completed

Activity Outcome

No Healthy Communities plan is being developed.

Reasons for Success or Barriers/Challenges to Success

At this time an additional plan for Healthy Communities along side a Coordinated Chronic Disease Prevention and Health Promotion Plan may be unnecessary.

Strategies to Achieve Success or Overcome Barriers/Challenges

None noted

Essential Service 9 – Evaluate health programs

Impact/Process Objective 1:

Complete annual Healthy Communities Program Evaluation

Between 10/2010 and 09/2011, the internal Healthy Communities Team in collaboration with funded partners will analyze three reporting methods for the Healthy Communities Process.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, the internal Healthy Communities Team in collaboration with funded partners analyzed three reporting methods for the Healthy Communities Process.

Reasons for Success or Barriers/Challenges to Success

The three reporting methods utilized for program evaluation were consistent with previous approaches. One is found to be somewhat lacking - DataMart and will probably not be used in the future.

The second, community assessments were provided by many coalitions, but with this limited funding, it was difficult to dedicate staff time to the completion of the process.

Evaluations of conference were developed with university partners skilled in evaluation methodology.

Strategies to Achieve Success or Overcome Barriers/Challenges

Work with internal and external partners to determine best methods of evaluation for the program and successful correlation between funding, planned activities and outcomes.

Activity 1:**DataMart**

Between 10/2010 and 09/2011, Data reported through the Community Reporting System called DataMart will be reviewed and evaluated for content, outcome and impact.

Activity Status

Completed

Activity Outcome

These were the initial required activities for each funded community coalition:

Complete Healthy Communities Readiness Tool

Develop Healthy Communities Leadership Team

Secure Letters of Commitment from five specific community agencies and/or organizations

Develop on-going Healthy Communities Coalition (Required; See Instructions)

WALKABILITY ASSESSMENT (Required by October 30, 2010)

CHANGE TOOL (Required by March 30, 2011)

Healthy Communities Conference (Required May 2011)

Reasons for Success or Barriers/Challenges to Success

Activities and reach are entered through the Community Reporting System, but no detailed reports are available.

Electronic copies of walkability assessments are sent in by email.

The CHANGE tool was too complex and time consuming to require of new coalitions with limited funding and experience so this was eliminated as a requirement.

The Readiness tool was a modified ACHIEVE community tool and not every community sent these in.

Strategies to Achieve Success or Overcome Barriers/Challenges

Internal work group to evaluate and determine best methods of systematic reporting.

Activity 2:**Community Assessments**

Between 10/2010 and 09/2011, All funded communities will provide an assessment to the Healthy Communities Program for review of needs and, priorities.

Activity Status

Completed

Activity Outcome

Over fifty communities completed walkability assessments which indicated a successful start to this project. More extensive community assessment will be planned for the future.

Reasons for Success or Barriers/Challenges to Success

There is limited funding and staffing to complete this process at the local level

Strategies to Achieve Success or Overcome Barriers/Challenges

Consider alternative evidence based community assessments that may have already been completed for another project such as an HIA, MAPP or something similar.

Activity 3:**Evaluation of Healthy Communities Conference**

Between 10/2010 and 09/2011, Through the TRAIN component of Workforce Development Branch, attendees at the annual conference will be given the opportunity to evaluate the effectiveness of the conference.

Activity Status

Completed

Activity Outcome

Evaluations were completed for the Healthy Community conference and all were extremely positive

Reasons for Success or Barriers/Challenges to Success

There was consistent planning, good venue and great speakers. This was done as a coordinated approach within Kentucky's chronic disease and health promotion group with input from external partners.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to utilize evaluation of conferences as a tool for future planning and needs assessments.

State Program Title: Osteoporosis Prevention and Education Program

State Program Strategy:

Goal: The Osteoporosis Prevention and Education Program (OPEP) is a multigenerational program created to raise community and provider awareness of the causes, prevention, diagnosis and treatment of osteoporosis. The goal of OPEP is to reduce the prevalence of osteoporosis through prevention strategies and promotion of early detection and treatment, resulting in fewer fractures due to osteoporosis and reduced mortality.

Priorities: The Kentucky Department for Public Health in cooperation with multiple partners will establish the following: 1) Provide a broad-based community education program to educate the public about prevention, diagnoses and treatment options for osteoporosis; 2) Develop a network to disseminate evidence-based prevention programs related to bone health and falls prevention; 3) Educate health care providers and professionals to improve prevention, diagnosis, and treatment of osteoporosis; 4) Create a resource network for dissemination of information to consumers and health care professionals on osteoporosis; and 5) Improve the use of data and surveillance to monitor osteoporosis and falls prevention in Kentucky.

In Kentucky, legislation was enacted in 2006 to establish a statewide multigenerational osteoporosis prevention and education program with an annual budget of \$90,000. This osteoporosis funding has provided initial start up monies for the program with ongoing awareness and educational opportunities for the public, training for community partners to deliver evidence-based prevention programs, promotion of clinical guidelines for osteoporosis treatment and diagnosis to health care providers and the purchase of two Bone Density Heel Scan machines. The Osteoporosis Program coordinator shares duties for the Arthritis Program. Salary is provided with 1/2 PHHSBG funds and 1/2 state funds. The is a perfect compliment of programmatic oversight because Chronic Disease Self Management and Arthritis Foundation Exercises are an important approach to controlling the complications of Osteoporosis.

Primary Strategic Partners:

The Osteoporosis Program has several strategic partners, both internal and external who will assist with the development and implementation of the program. Internal partners include Adult and Child Health Improvement, Oral Health Program, Coordinated School Health, Medicaid, Healthy Start in Child Care Program, Kentucky Commission on Women, Wellness and Health Promotions Branch, Chronic Disease Prevention Branch, and the Department of Aging and Independent Living. External partners include University of Kentucky Area Health Education Centers, University of Kentucky Health Education through Extension Leadership (HEEL), Humana, Kentucky Department of Education, Kentucky Injury Prevention Research Center, Traumatic Brain Injury Association of Kentucky, local and district health departments and community-based hospitals and clinics.

Role of PHHSBG Funds: The role of the PHHSBG in this program is to provide funding for 1/2 FTE to coordinate the program and to provide funding to strategic pilot programs in local communities to implement strategies addressing bone health and prevention of osteoporosis. Local health departments are provided approved evidence based osteoporosis prevention and strategies with which to write a plan and budget. and as appropriate work with a coalition in order to provide access to physical activity and healthy foods which are primary prevention factors for Osteoporosis.

Evaluation Methodology: BRFSS data and hospitalization data will be used to evaluate progress toward achieving the primary goal of reducing the proportion of adults with osteoporosis. These data sources correspond with the Healthy Kentuckians 2010 objectives related to osteoporosis and chronic back conditions. In addition, the program will be evaluated using results of pre and post surveys and functional

fitness assessments for participants attending evidence-based programs in the community as well as reporting from Falls Prevention Coalitions in funded sites.

National Health Objective: 2-9 Osteoporosis

State Health Objective(s):

Between 07/2007 and 10/2020, Reduce the rate of hospitalization for vertebral fractures associated with osteoporosis (rate per 10,000 adults aged 65 and older) to 11.5 per 10,000.

State Health Objective Status

Not Met

State Health Objective Outcome

The last data available for hospitalization for vertebral fractures associated with Osteoporosis in Kentucky is 16.26.5 per 10,000 adults aged 65 and older for year 2009.

Reasons for Success or Barriers/Challenges to Success

- Longstanding issues within the state such as high rates of smoking which increase the risk of Osteoporosis.
- Few Aging in Place programs within the state which encourage access to physical activity and good nutrition
- Most vertebral fractures are admitted to the hospital rather than being treated with newer techniques like Kyphoplasty which is an outpatient procedure which may result in unequal comparison to other states

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with coalitions and providers as well as looking at environmental and policy changes for aging in place. Effective partnerships are being formed with the UK Kentucky Injury Prevention Research Center (KIPRC) and with the Department of Aging and Independent Living.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The state legislature approves \$90,000 each year to provide an Osteoporosis Prevention Program in the state. PHHSBG funds are leveraged to increase the impact of this program by supporting coalitions at the local level and work with the Kentucky Injury Prevention Research Center at the University of Kentucky.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Bone Health Education

Between 10/2010 and 09/2011, sixteen local health departments will maintain one activity for education on fall prevention, osteoporosis, and general bone health through community programs and activities.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, sixteen local health departments maintained one activity for education on

fall prevention, osteoporosis, and general bone health through community programs and activities.

Reasons for Success or Barriers/Challenges to Success

Twenty five (25) local health departments maintained at least one activity for education on fall prevention, osteoporosis, and general bone health through community programs and activities.

Strategies to Achieve Success or Overcome Barriers/Challenges

Developed and maintained working relationships with our partners in the local health departments, the KY Department for Aging and Independent Living, the KY Injury Prevention and Research Center and the KY Safe Aging Coalition and its members.

Activity 1:

Quarterly Reporting and Evaluation

Between 10/2010 and 09/2011, Each funded local health department or local coalition will provide a written plan and budget for activities and quarterly reporting will be expected.

Activity Status

Completed

Activity Outcome

Through the Community Plan and Budget, local health departments submit osteoporosis plans and budget. Community reporting is received through DATAMART reporting and quarterly Kentucky Safe Aging Meetings.

Reasons for Success or Barriers/Challenges to Success

There have been no barriers to this activity. Local health departments and coalitions who are working with KDPH have reported their activities.

Strategies to Achieve Success or Overcome Barriers/Challenges

Developed and maintained working relationships with our partners in the local health departments, the KY Department for Aging and Independent Living, the KY Injury Prevention and Research Center and the KY Safe Aging Coalition and its members.

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Safe Aging Coalition

Between 10/2010 and 09/2011, The Kentucky Arthritis/osteoporosis Coordinator in collaboration with the Safe Aging Coalition will distribute the sustainable older adult fall prevention plan for the state to **more than 30** coalitions, partners and stakeholders in the state who can have an impact on reducing falls in Kentucky.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, The Kentucky Arthritis/osteoporosis Coordinator in collaboration with the Safe Aging Coalition distributed the sustainable older adult fall prevention plan for the state to **fifty eight** coalitions, partners and stakeholders in the state who can have an impact on reducing falls in Kentucky.

Reasons for Success or Barriers/Challenges to Success

Active partnership with the Kentucky Safe Aging Coalition and the Kentucky Injury Prevention Research Center (KIPRIC) with publication of Osteoporosis Plan in the KIPRIC annual report and a Kentucky Injury

and Violence Prevention Plan which includes 4-C Goal to Reduce the Public Health Burden of Unintentional Falls. Access at www.kspan.uky.edu

Active Falls Prevention coalitions in four areas of the state

- Working with the Department of Aging and Independent Living on Aging in Place strategies
- All fifty-eight health departments received the Osteoporosis Falls Prevention Tool Kit
- All fifty-eight received access to the Kentucky Falls Free Website www.nofalls.org.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Success is due to the creation of the Kentucky Safe Aging Coalition in 2008 and in 2009 participating in a Fall Prevention Call to Action, pulling together four health department districts (Lake Cumberland, Barren River, Madison County & Green River)
- Kentucky Department for Public Health and Kentucky Safe Aging Coalition are members of the National Council on Aging Falls-Free Coalition and members of the National Osteoporosis Association.
- Participate in state calls to share information and learn new resources and strategies to lessen the number and severity of falls in the aging population.
- Information is shared through emails and meetings.

Activity 1:

Technical Assistance

Between 10/2010 and 09/2011, Work with the Safe Aging Coalition and UK Injury Prevention and Research Center to provide bi-monthly technical assistance to six local falls prevention task force groups to assess the community response and resources for older adults who are at risk for falling or who have sustained a fall.

Activity Status

Completed

Activity Outcome

This is an ongoing activity with these active fall prevention coalitions meetings were every other month and quarterly phone conference calls

Reasons for Success or Barriers/Challenges to Success

There is limited funding for this activity although the local/district health departments have chosen to utilize state and local funding as well as leveraging the PHHSBG funds to provide support for these coalitions.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Set up monthly schedule of training/technical assistance
- Utilize list serve
- Engage expert providers for presentations
- Use videoconferencing which is free and accessible in all 57 health departments
- Provide sustainability by working with Aging and Independent Living and hospitals

Activity 2:**Addressing Community Assessments**

Between 10/2010 and 09/2011, Work with six local falls prevention task force groups to develop interventions to address gaps found in the community assessment.

Activity Status

Completed

Activity Outcome

- The four local falls prevention task force groups meet on a regular basis and have completed assessments for identification of gaps.
- Evidence based interventions are available and particular to their local community, but have not been well established for use.

Reasons for Success or Barriers/Challenges to Success

- These coalitions receive very limited funds for interventions.
- Stakeholders and partners in each community are highly involved

Strategies to Achieve Success or Overcome Barriers/Challenges

- Continue to provide technical assistance and funding as allowed
- Link coalitions to one another
- Link coalitions to other resources
- Ask EMS to provide falls prevention materials to patients if they don't transport to the hospital after a fall

Activity 3:**Fall Prevention Summit**

Between 10/2010 and 09/2011, In partnership with the Safe Aging Coalition and UK Injury Prevention and Research Center, hold a Falls Prevention Summit for stakeholders in Kentucky that addresses the environment and best practices for preventing falls.

Activity Status

Completed

Activity Outcome

Safe Aging Coalition and UK Injury Prevention and Research Center holds on quarterly meetings for all stakeholders addressing the environment and best practices for preventing falls. Agendas included:

- Medication Reviews
- Falls Risk Reduction
- Physical Activity and Nutrition

- Policy

Reasons for Success or Barriers/Challenges to Success

The Kentucky Safe Aging Coalition participated in awareness-building activities during the National Falls Prevention Awareness Week Sept. 20-24. The purpose is to urge state and community organizations, businesses, individuals, and the media to use this opportunity to promote awareness of this important public health problem in an effort to reduce the incidence of falls among older people in Kentucky.

Gov. Steve Beshear officially proclaimed Sept. 20 as Fall Prevention Awareness Day. Twenty-five agencies across the state held Fall Prevention Awareness activities across the state.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work in partnership with University of Kentucky College of Public Health and Cooperative Extension, UK College of Health Sciences Division of Physical Therapy, Kentucky Department for Community Based Services, Kentucky Pharmacists Association, Kentucky Department for Aging and Independent Living, AARP, Cardinal Hill Rehabilitation Hospital, the Brain Injury Alliance of Kentucky, Health Care Excel, Body Recall Inc., Kentucky Association of Health Care Facilities and Hospice of the Bluegrass.

Essential Service 5 – Develop policies and plans

Impact/Process Objective 1:

Integrated Policies

Between 10/2010 and 09/2011, the Osteoporosis Program Lead in cooperation with the Healthy Communities Initiative will identify 2 integrated policies that support health across the lifespan and develop plans for educating policy makers.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, the Osteoporosis Program Lead in cooperation with the Healthy Communities Initiative identified two integrated policies that support health across the lifespan and develop plans for educating policy makers.

Reasons for Success or Barriers/Challenges to Success

All six communities were provided technical assistance by the Osteoporosis Program staff, the Tobacco Control Program staff, the Chronic Disease Prevention staff and the Healthy Communities Program staff.

Kentucky Injury Prevention Research Center (KIPRC) completed the Kentucky Public Health Injury and Violence Prevention Plan which contains a goal on Falls Reduction.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with the KY Safe Aging Coalition, Healthy Communities Program, The Kentucky Safety and Prevention Alignment Network (KSPAN), advocates, and other groups to incorporate integrated messaging and educate policy makers.

Activity 1:

Healthy Communities Initiative

Between 10/2010 and 09/2011, the Osteoporosis Program will work with the Healthy Communities Initiative to address policies related to physical activity, nutrition, smoke-free environments and the built environment across the lifespan.

Activity Status

Completed

Activity Outcome

The Osteoporosis Program is working with the Healthy Communities Initiative and has provided state funds to support pilot projects in 6 communities in Kentucky.

- Community gardens, walking tracks and trails for neighborhoods and city/county parks - Jackson County opened a community kitchen and resurfaced a walking trail in a downtown park, designed a walking trail around a middle school, local tourism office to include a map of walking trails in the county. Madison County implemented a city-wide safe Routes to School campaign in the City of Berea. Harrison County installed green houses at three elementary schools; installed new equipment in the county park including adult exercise equipment adjacent to the playground so parents/grandparents can exercise while providing supervision
- Reducing exposure to secondhand smoke

Reasons for Success or Barriers/Challenges to Success

- The project for Healthy Communities is relatively small at this time - only 6 funded communities
- The Healthy Communities Initiative and the Osteoporosis Program have some similar objectives
- Staff are able to transition between programs for support
- Site visits and regular reporting
- Annual Healthy Community Conference

Strategies to Achieve Success or Overcome Barriers/Challenges

There are no anticipated barriers at this time.

Activity 2:**Technical Assistance**

Between 10/2010 and 09/2011, the Osteoporosis Program will provide technical assistance to the six local communities chosen for the the Healthy Communities projects.

Activity Status

Completed

Activity Outcome

All three newly funded communities were provided technical assistance by the Osteoporosis Program staff, the state Physical Activity Program staff, the Tobacco Control Program staff, the Chronic Disease Prevention staff and the Healthy Communities Program staff.

Reasons for Success or Barriers/Challenges to Success

- All of the staff work well together and have collaborated on a number of projects.
- Funds have been pooled from the PHHSBG, Osteoporosis State funds, Tobacco Settlement funds and Healthy Community funds in order to develop these pilot projects
- Similar goals and objectives are key to the success of each of these programs

- Healthy Communities Annual Conference in August 2009, May 2010 & May 2011

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work together to provide technical assistance through webinars, list serves, conference calls, and site visits.

Impact/Process Objective 2:

Falls Prevention Task Force

Between 10/2010 and 09/2011, the Osteoporosis Program lead, in cooperation with the Fall Prevention Coalition, will develop two interventions to raise awareness of the impact of falls for the elderly.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, the Osteoporosis Program lead, in cooperation with the Fall Prevention Coalition, developed three interventions to raise awareness of the impact of falls for the elderly.

Reasons for Success or Barriers/Challenges to Success

- In partnership with members of the KY Safe Aging Coalition, a new website was developed with information on Fall Prevention for Adults and Family Members. www.nofalls.org contains information on Steps to Prevent Falls. A section for Professionals is still under construction.
- In partnership with coalition members, a 3 part video conference series was developed and offered to local health departments, senior centers and cooperative extension services in all 120 Kentucky counties. Each video conference provided information and resources on each of the risk factors associated with falls. The video conferences have been archived on <http://www.ky.train.org> and have been approved for nursing CEUs.
- Kentucky celebrated Fall Prevention and Awareness Day with a Governor's Proclamation and numerous activities and programs took place at the local level. A Fall Prevention and Awareness Day fact sheet and media tool kit was developed and distributed to partners in the local health departments and senior centers and members of the KY Safe Aging coalition.

Strategies to Achieve Success or Overcome Barriers/Challenges

Partnerships are the key to the success of this objective as well as the overall Osteoporosis Program for the state.

Activity 1:

Issue Brief

Between 10/2010 and 09/2011, A Falls Prevention Issue Brief will be finalized and distributed to local health departments, providers and made available to the public in cooperation with the Safe Aging Coalition.

Activity Status

Not Completed

Activity Outcome

A Falls Prevention Issue Brief has been developed and is still in the process to be finalized. Upon final approval, the issue brief will be distributed to local health departments, senior centers, providers and made available to the public in cooperation with the KY Safe Aging Coalition.

Reasons for Success or Barriers/Challenges to Success

Final approval has not been received, but is expected by spring 2012.

Strategies to Achieve Success or Overcome Barriers/Challenges

The KY Safe Aging Coalition has proven to be a strong partner in Falls Prevention and outreach and education to the state through a public awareness and provider education.

Activity 2:

Task force group work gap analysis

Between 10/2010 and 09/2011, Work with four local falls prevention task force groups to develop interventions that address gaps found in the community assessments.

Activity Status

Completed

Activity Outcome

Four local health departments including Green River, Barren River, and Lake Cumberland Districts and Madison County have developed local coalitions or task forces to address older adult falls prevention at the local level and have discussed interventions based on the assessment that they have done.

Reasons for Success or Barriers/Challenges to Success

The Osteoporosis Program, the Safe Aging Coalition and the Kentucky Injury Prevention Research Center (KIPRIC)

all support these coalitions with technical assistance.

Barren River health department has created a fitness program based on their assessments. There is a primary support person working with Western Kentucky University to develop evidenced-based training programs for other health departments and community partners.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Continue to work in partnership and use inexpensive means of providing technical support such as conference calls, listserves, and webinars.
- Utilize evidence based guidelines for interventions
- Connect coalitions with champions in other states as needed
- Utilize the Coordinator with the Kentucky Safe Aging Coalition as a resource

Essential Service 8 – Assure competent workforce

Impact/Process Objective 1:

Osteoporosis Education and Competency

Between 10/2010 and 09/2011, The Osteoporosis Program will maintain one training module on Osteoporosis. The module is accessible at <http://ky.train.org>.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, The Osteoporosis Program maintained three training module on Osteoporosis. The module is accessible at <http://ky.train.org>.

Reasons for Success or Barriers/Challenges to Success

A 3 part video conference series was developed and offered to local health departments, senior centers and cooperative extension services in all 120 Kentucky counties. Each video conference provided information and resources on each of the risk factors associated with falls including exercise and nutrition, medication review, vision screening, home safety. The video conferences have been archived on <http://ky.train.org> and have been approved for nursing CEUs.

Strategies to Achieve Success or Overcome Barriers/Challenges

Use state experts in Osteoporosis and Falls Prevention for training and utilize a free method of training and evaluation such as the TRAIN network

Activity 1:

Promoting the Osteoporosis Module on TRAIN

Between 10/2010 and 09/2011, Promote the module to local health department staff, aging services, cooperative extension and non-profit organizations through the computer based network system .

Activity Status

Completed

Activity Outcome

The module was promoted through the TRAIN updates, the Osteoporosis Program, and Kentucky Safe Aging coalition.

Reasons for Success or Barriers/Challenges to Success

TRAIN is a statewide free system for online training and is accessible to anyone for training when they build an account.

Strategies to Achieve Success or Overcome Barriers/Challenges

continuing to work with public health systems training approaches such as TRAIN.

Activity 2:

Training and Technical Assistance

Between 10/2010 and 09/2011, Provide training and technical assistance for implementing evidence-based bone health strategies for local health departments and other community organizations in Kentucky.

Activity Status

Completed

Activity Outcome

Additional training and technical assistance was made available to the local health departments through the Safe Aging Coalition Coordinator, the Summer Series on Aging at the University of Kentucky and the Kentucky Injury Prevention Research Center as well as the National Osteoporosis Foundation training and resources.

Reasons for Success or Barriers/Challenges to Success

Working in partnership with academic institutions and other funded programs has given the Osteoporosis program and enormous boost when very few funds were available

Strategies to Achieve Success or Overcome Barriers/Challenges

- Continue to work in partnership to leverage resources and create sustainable programs in local communities where they work best.
- Obtain leadership based on partnerships and collaborations with all community sectors that are responsible for safety and health promotion in their community.

Impact/Process Objective 2:

Competency of Trainers

Between 10/2010 and 09/2011, The Osteoporosis Program will maintain 2 training initiatives related to Osteoporosis Prevention and Control.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, The Osteoporosis Program maintained two training initiatives related to Osteoporosis Prevention and Control.

Reasons for Success or Barriers/Challenges to Success

A 3 part video conference series was developed and offered to local health departments, senior centers and cooperative extension services in all 120 Kentucky counties. Each video conference provided information and resources on each of the risk factors associated with falls including exercise and nutrition, medication review, vision screening, home safety. The video conferences have been archived on <http://ky.train.org> and have been approved for nursing CEUs.

A Matter of Balance Training was provided to several pilot sites.

Strategies to Achieve Success or Overcome Barriers/Challenges

Work in partnership with multiple entities in order to develop competency in Osteoporosis Prevention.

Activity 1:

Matter of Balance Training

Between 10/2010 and 09/2011, Conduct 50 Matter of Balance participant classes throughout the state and evaluate effectiveness as measured through pre and post surveys.

Activity Status

Completed

Activity Outcome

In 2008 17 Master Trainers completed training in Matter of Balance so that participant classes could be completed in 2010 and 2011.

70 Matter of Balance participant classes were taught between July 1, 2010 and June 2011.

Reasons for Success or Barriers/Challenges to Success

- Master Trainers are a key to the success of this program.

- Evaluation is done by a structured evidence based process
- Strong Health Department leadership within the program

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with the master trainers in the state.

Funding is an issue for Training. This is not a Train-the-Trainer program, therefore funding for training which include travel of trainer is costly.

Activity 2:

Strong Women

Between 10/2010 and 09/2011, Conduct 30 StrongWomen classes throughout the state and evaluate effectiveness as measured through pre and post surveys.

Activity Status

Completed

Activity Outcome

StrongWomen classes were held throughout the state in the original six pilot sites as well as additional sites with the addition of more trainers in a class in August 2009.

265 StrongWomen classes were lead across the state.

Reasons for Success or Barriers/Challenges to Success

The limiting factor for this program is continued funding for staff time. Each local health department must determine that this is a valuable activity and decide to continue it.

Barrier - Funding is an issue for Training. This is not a Train-the-Trainer program, therefore funding for training which include travel of trainer is costly.

Strategies to Achieve Success or Overcome Barriers/Challenges

Work with local health department health educators and leaders to determine the effectiveness and reach of the program in terms of the assessment of their community needs.

Activity 3:

Evaluate and monitor

Between 10/2010 and 09/2011, Conduct quarterly conference calls with Matter of Balance and StrongWomen program leaders in order to monitor success and determine barriers to effective education including review of pre and post surveys and site visits.

Activity Status

Completed

Activity Outcome

- Quarterly conference calls were held with partnership with Patti League, Program Manager, A Matter of Balance MaineHealth's Partnership for Healthy Aging.
- The Osteoporosis Program Manager hosts a list serve for those leaders who are providing training in their communities to determine effectiveness, reach and barriers such as affordability and transportation issues.

Reasons for Success or Barriers/Challenges to Success

Support of other states Matter of Balance leaders sharing what they are doing in their community, success and barriers.

Strategies to Achieve Success or Overcome Barriers/Challenges

National conference call agendas are promoted for state program managers in order to help them be successful with training.

State Program Title: Physical Activity Program

State Program Strategy:

GOAL: The Kentucky Physical Activity Program focuses on increasing the physical activity of adults and children and enhancing the core capacity of health professionals and other partners to participate in planning and development of activities to address community needs.

Priorities: In 2010, the Physical Activity Program along with the Nutrition and Obesity, Tobacco Prevention and Control, Healthy Communities and Worksite Wellness program was moved in the Department for Public Health into the Division of Maternal and Child Health so that an additional focus could be made on Obesity starting with an upstream approach to families and children.

Beginning in 2001, the PHHSBG Advisory Committee chose to strategically utilize \$1.5 million of the funding received by the state to address the need for increased physical activity in Kentucky. Each of the 56 local/district health departments in the state of Kentucky has received PHHSBG funds in each of those years to address adult and child physical activity within their communities although the PHHSBG funding is considerably less in 2011 than in 2001. Additionally, these funds were for startup funding with the anticipation that programs would create sustainable. These mini-grants are given based on their annual community plan which is submitted to the state Physical Activity Program Manager for approval. The community-based plan utilizes pre-approved evidence based strategies and interventions to be conducted by each local health department based on the recommendations in the Guide to Community Services. Each local health department has an assigned coordinator for these projects. Monthly activities at the community level are entered into a statewide Community Health Services Reporting System data base (DataMart); however there are limitations to this data collection system and additional reporting will be necessary to evaluate the impact that this program has on the state.

There is now an integrated approach to Physical Activity in Kentucky. Although strategies can continue to include individual health behavior programs, local health departments have been encouraged to shift to policy, environment and systems change approaches that have much more reach and impact. Local health departments may continue to fund with local and state tax dollars additional strategies beyond those recommended by the Physical Activity Program.

There is a recommendation for Kentucky schools grades K-5 for a minimum supervised recess for 20 minutes daily with the students engaging in 15 minutes of planned moderate to vigorous physical activity each day. This is a recommendation and not a legislated policy. Many districts have placed increased emphasis on healthy school environments and the number of school site based councils who have developed strategies to increase scheduled physical activity increases throughout the state.

Our best chance of success relies on a coordinated approach involving evidence-based strategies, within settings that span the full range of the social system from school health policies, and local access to physical activities, through health promotion activities and counseling patients by their health care providers.

Primary Strategic Partners:

Internal partners include: Maternal and Child Health, Partnership for a Fit Kentucky, Coordinated School Health, Arthritis/Osteoporosis, Chronic Disease Prevention Branch, Heart Disease and Stroke, Obesity, Diabetes, Coordinated School Health, Nutrition and Health Services Branch.

External partners include: Department of Education, Department of Transportation, Offices of Aging and Independent Living, universities, Foundation for a Healthy Kentucky, Kentucky Medical Association, local and district health departments, YMCAs, faith based organizations and local and city councils.

National Health Objective: 22-1 Physical Activity in Adults

State Health Objective(s):

Between 07/2003 and 12/2014, Increase to at least fifty percent the proportion of Kentuckians ages 18 and over who engage regularly in physical activity for at least twenty minutes, three or more times per week.

State Health Objective Status

In Progress

State Health Objective Outcome

Kentucky BRFSS data indicates that in 2009 45.7% reported yes to the BRFSS question "Adults with 30 +minutes moderate physical activity five or more days per week, or vigorous physical activity or 20+ minutes 3 or more days per week.

Reasons for Success or Barriers/Challenges to Success

At this time Kentucky is one of the most sedentary states in the union. Although there is much media attention and research to support being physically active, many people still do not realize the important health benefits.

Some problems and issues that are inherent in Kentucky are socio-economic status and attainment of a highschool education. Poverty has been a complicating factor as well.

New initiatives and outreach are geared to make sure access is available to anyone of any income or educational level.

Strategies to Achieve Success or Overcome Barriers/Challenges

Over the course of the next two years Kentucky hopes to increase physical activity for adults over the age of 18 through multiple public awareness campaigns, increasing access to physical activity through Complete Streets in communities, joint use agreements in schools, walking clubs, incentives through employee health plans, and getting providers to "prescribe exercise".

We will be working with Extension Services, Transportation, Chamber of Commerce, but mostly through local community coalitions.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Local and district health departments who accept PHHSBG funding must also allocate local tax dollars to the Physical Activity Cost Center. With these additional resources, more than two million dollars is being allocated through staff, supplies and programmatic costs to physical activity in the state.

This amount does not capture what additional resources are made available by businesses, schools and other entities.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Adult Community Based Physical Activities

Between 10/2010 and 09/2011, the Kentucky Physical Activity Program Manager in collaboration with expert internal and external partners will maintain two adult community-based physical activity training opportunities.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, the Kentucky Physical Activity Program Manager in collaboration with expert internal and external partners maintained two adult community-based physical activity training opportunities.

Reasons for Success or Barriers/Challenges to Success

Complete Streets training was provided to the Healthy Community Conference attendees by the Kentucky Department of Transportation. How to do Walkability assessments training was accomplished by webinar.

Arthritis Foundation Exercise Training and Matter of Balance lay leader classes have been completed.

Strategies to Achieve Success or Overcome Barriers/Challenges

There are never enough funds for supporting staff training and travel time.

Activity 1:**Professional Development**

Between 10/2010 and 09/2011, The state physical activity program will provide at least one training opportunity at the Healthy Community annual conference

Activity Status

Completed

Activity Outcome

Complete Streets Training was provided to Healthy Community Conference attendees.

The Kentucky Department of Transportation provides this training and works with communities to do modified Complete Streets as needed so that cost of change is not a problem.

Reasons for Success or Barriers/Challenges to Success

Working relationship with KY Dept of Transportation as well as use of webinars and conference calls.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with experts and community coalitions.

A bill is introduced in the KY General Assembly each year to support Complete Streets, but has never been passed.

Activity 2:**Adult Exercise Programs**

Between 10/2010 and 09/2011, Provide funding for Arthritis Foundation Exercise classes and Matter of Balance.

Activity Status

Completed

Activity Outcome

174 Arthritis Classes were reported through DataMart and 70 Matter of Balance Classes were reported.

Reasons for Success or Barriers/Challenges to Success

Training for Arthritis Foundation Exercise training is limited due to Kentucky having only one trainer in the state.

Department of Aging and Independent Living are now partnering with our local health departments to offer Matter of Balance as well.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Arthritis Foundation now offers a "Walking with Ease" on-line training that will be offered for the local health departments to take advantage of.

Essential Service 4 – Mobilize Partnerships**Impact/Process Objective 1:****Regional Partnership Coalition Participation**

Between 10/2010 and 09/2011, the Kentucky Physical Activity Program Coordinator will increase the percent of local health departments who participate in regional coalitions that effectively address increasing physical activity through policy and environmental change and use of evidence based guidelines. from 50 percent to **60 percent**.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, the Kentucky Physical Activity Program Coordinator increased the percent of local health departments who participate in regional coalitions that effectively address increasing physical activity through policy and environmental change and use of evidence based guidelines. from 50 percent to **85%**.

Reasons for Success or Barriers/Challenges to Success

There are multiple regional coalitions in the state addressing physical activity including the Partnership for a Fit Kentucky. Not all local health departments take part in regional meetings, but 85% are invested in local or district Healthy Communities Coalitions, ACHEIVE sites, Childhood Obesity Coalitions, and other effective means of building environmental and policy change strategies for Physical Activity.

Strategies to Achieve Success or Overcome Barriers/Challenges

Community Partners come together as a group to address multiple risk factors in their communities.

Activity 1:**Partnership for a Fit Kentucky**

Between 10/2010 and 09/2011, The state Physical Activity Coordinator will provide site visits, list-serve announcements, save the dates, and invitations to local health departments who are not currently involved in regional meetings in order to increase involvement and impact.

Activity Status

Completed

Activity Outcome

The Partnership for a Fit Ky and the Healthy Communities Coordinator provide list-serve announcements, save the dates, and invitations to local health departments who are not currently involved in regional meetings in order to increase involvement and impact

Reasons for Success or Barriers/Challenges to Success

There is no longer a categorical Physical Activity Coordinator for the state. These activities are now coordinated into the Arthritis/Osteoporosis Program, the Obesity Program and the Healthy Community Program.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to use innovative and useful communication strategies and social media for outreach and information sharing.

Activity 2:

Second Sunday Initiative

Between 10/2010 and 09/2011, The state Physical Activity Coordinator will provide support and instruction on the Second Sunday Initiative by working collaboratively with local health departments to increase by 10% those communities who agree to close down a road for promoting walking and physical activity in order to promote awareness of environmental and policy change impact.

Activity Status

Completed

Activity Outcome

85 of our 120 Counties participated in Second Sunday. This is a 2.3 increase over last years' 26 counties participating.

Reasons for Success or Barriers/Challenges to Success

The University of Kentucky Extension Service coordinates and completes the public campaign for Second Sunday Initiatives. This is a successful partnership between our physical activity contacts and our county extension agents.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue same.

Essential Service 9 – Evaluate health programs

Impact/Process Objective 1:

Evaluation of Physical Activity Strategies

Between 10/2010 and 09/2011, the Physical Activity Program Coordinator in coordination with the Preventive Health and Health Services Block Grant Coordinator will collect **four** methods of program evaluation for local/district health departments funded through the PHHSBG.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, the Physical Activity Program Coordinator in coordination with the Preventive Health and Health Services Block Grant Coordinator collected **four** methods of program evaluation for local/district health departments funded through the PHHSBG.

Reasons for Success or Barriers/Challenges to Success

Successfully utilized, BRFSS/YRBSS, DataMart, Technical Assistance with site visits and Success Stories to evaluate the funding used by local health departments for Physical Activity strategies.

Strategies to Achieve Success or Overcome Barriers/Challenges

Success

- Partners in BRFSS and YRBS collect and analyze data

Barriers

- DataMart has been found to be less than an effective method of evaluation and other programs such as Catalyst are being considered
- Site visits are effective, but due to travel constraints and budget have not been used as much this year
- Success Stories are collected, but have not been used as effectively as possible

Activity 1:

BRFSS and YRBS Data

Between 10/2010 and 09/2011, the Physical Activity Coordinator will work with the state BRFSS program and the Kentucky Department of Education YRBS survey to analyze the core questions related to exercise, physical activity and access to physical activity on the surveys in order to determine impact across the state of PHHSBG funding.

Activity Status

Completed

Activity Outcome

The KY BRFSS Program is publishing Area District Development level data

<http://chfs.ky.gov/dph/info/dpgi/cd/brfss.htm> so that communities can access their own comparative data.

The BRSS question analyzed is "any physical activity" so it is different that the original BRFSS exercise question chosen for this report, but is only asked every other year. The next YRBS will be in 2013 as the survey runs in odd years.

The Kentucky Department of Education shares YRBS data widely with partners and the KDPH. It is posted on their website.

<http://education.ky.gov/kde/administrative+resources/coordinated+school+health/youth+risk+behavior+survey.htm>

Reasons for Success or Barriers/Challenges to Success

Continue partnerships and current survey work. Plan for collaborative data to be shared with large stakeholder groups.

Strategies to Achieve Success or Overcome Barriers/Challenges

Same

Activity 2:

DATAMART activity

Between 10/2010 and 09/2011, Monitor activities of local health departments who input physical activity strategies into DATAMART as a condition of PHHSBG funding.

Activity Status

Completed

Activity Outcome

Over 400 physical activity strategies were reported in DataMart by 57 local and district health departments.

Reasons for Success or Barriers/Challenges to Success

The program is a simple access spreadsheet and does not allow for text, only total activities within strategy categories, numbers of male/female, age group, ethnicity and race for reach and hours invested in the activity.

Strategies to Achieve Success or Overcome Barriers/Challenges

KDPH is reviewing other reporting mechanisms such as Catalyst or self developed reporting tools.

Activity 3:**Technical Assistance**

Between 10/2010 and 09/2011, The state Physical Activity Program Coordinator will provide technical assistance to local health departments who may need assistance developing, coordinating or completing chosen physical activity strategies. At least 5 sites will be visited annually.

Activity Status

Completed

Activity Outcome

The Physical Activity Program Coordinator provided list serves, phone consultations, site visits, and attendance at health fairs and health promotion activities and opportunities.

(Site visits Montgomery County, Grant County, Greenup, Rockcastle County, Edmonson County, Bourbon County)

Reasons for Success or Barriers/Challenges to Success

The Physical Activity Coordinator position was not refilled after March 2011.

Determining which sites to visit in order to maintain physical program activities across the state.

Local health departments are not filling their vacant physical activity coordinator positions.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to review and evaluate effectiveness of site visits as able.

Activity 4:**Success Stories**

Between 10/2010 and 09/2011, Provide training on Success Stories and receive a draft of a success story for each funded health department.

Activity Status

Completed

Activity Outcome

Success Story template and instructions were provided to all local health departments, but minimal stories were obtained.

Webinar links were provided from NACDD in order to provide training to all coalitions.

Reasons for Success or Barriers/Challenges to Success

There is no consequence of not sending in the success story.

Need additional training for local health departments

Staff time for many is a barrier.

Strategies to Achieve Success or Overcome Barriers/Challenges

Work with internal partners on how to provide additional success story training including how effective they are for future funding and incentive for turning them in.

National Health Objective: 22-6 Physical Activity in Children and Adolescents

State Health Objective(s):

Between 07/2003 and 12/2014, increase the proportion of young people in grades K-12 who engage in moderate physical activity for at least thirty minutes on five or more of the previous seven days.

State Health Objective Status

Met

State Health Objective Outcome

Many school districts in Kentucky have decided to provide additional moderate physical activity for at least thirty minutes each school day through local policy. This cannot be accomplished in all districts all days, nor can it be done in highschool as there is no recommendation by the Kentucky School Board.

Reasons for Success or Barriers/Challenges to Success

Healthy Community efforts and Increased awareness and engagement of education officials in physical activity policy.

Strategies to Achieve Success or Overcome Barriers/Challenges

Local partners have engaged local school officials to enhance physical activity access by joint use agreements and incorporation of physical activity in the daily schedule.

Active legislators have introduced bills to mandate physical activity in schools.

More access to after school play ground and gyms.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Direct and indirect support of staff time, use of gyms, playgrounds, church facilities, and other effective places of play provide additional funding.

Local health departments also utilize the state spread of funding and local tax dollars to fund coalitions and strategies that support increase in physical activity at the local level.

PHHSBG provides minimal funding for these strategies and staff time is normally paid for by local tax dollars.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Community Based Training

Between 10/2010 and 09/2011, the Kentucky Physical Activity Program Coordinator will provide training opportunities to **all fifty seven local health departments** who are funded by the PHHSBG.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, the Kentucky Physical Activity Program Coordinator provided training opportunities to four who are funded by the PHHSBG.

Reasons for Success or Barriers/Challenges to Success

- Coordinated School Health Training
- Healthy Communities Annual Conference was held in May 2011. Safe Routes to School Guidelines were provided during this training. A Workability Resource Guide for those who want to take the next steps with their Community Walkability Audits
- Foundation for Healthy Kentucky and Growing Healthy Kid held a three day training June 29-July 1. 200 people attended.
- Sustaining Coalitions Webinar by the Foundation for Healthy KY

Strategies to Achieve Success or Overcome Barriers/Challenges

- · Work with internal and external expert partners.
- · Take advantage of free webinars as provided by CDC and other Healthy Community collaboratives

Activity 1:**Built Environment**

Between 10/2010 and 09/2011, The state coordinator will work in collaboration with the Partnership for Fit Kentucky, Healthy Communities Initiative and the Department for Transportation will develop and distribute evidence based guidelines on the Built Environment to all 57 local and district health departments funded by the PHHSBG.

Activity Status

Completed

Activity Outcome

Conference was held in May 2011. Safe Routes to School Guidelines were provided during this training.

A Workability Resource Guide for those who want to take the next steps with their Community Walkability Audits

Reasons for Success or Barriers/Challenges to Success

Barrier - The coordinator for the Transportation Department has vacated her position, but we have utilized the Safe Routes to Schools national training webinars in place of that.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with effective training resources and secure inexpensive or free training.
Solicity funding from private partners such as businesses and foundations in the state.

Activity 2:**Coordinated School Health Training**

Between 10/2010 and 09/2011, The state Physical Activity Program Coordinator In partnership with the Coordinated School Health Program, the Kentucky Dietetics Association and Foundation for Healthy Kentucky, will conduct one professional development inservice on increasing physical activity opportunities

for the school Pupil Personnel Directors, Family Resource Youth Service Centers, and local/district health departments.

Activity Status

Completed

Activity Outcome

Foundation for Healthy Kentucky and Growing Healthy Kids held a three day training June 29-July 1. 200 people attended.

Reasons for Success or Barriers/Challenges to Success

Difficult to get school staff to attend, but public health, university staff and advocates attended the training and it was well received.

Strategies to Achieve Success or Overcome Barriers/Challenges

Offer training units to teachers and not have a three day meeting which is difficult to attend.

Coordinated School Health training to focus on School staff will be held July 25, 2012. Kentucky School Board is backing this initiative.

Activity 3:**Professional Development**

Between 10/2010 and 09/2011, In partnership with the Healthy Communities Initiative provide three video conferences or webinars which can be viewed across the state through a wide network on the transformation to physical activity focused healthy communities.

Activity Status

Completed

Activity Outcome

- Coordinated School Health Training
- Healthy Communities Annual Conference was held in May 2011. Safe Routes to School Guidelines were provided during this training. A Workability Resource Guide for those who want to take the next steps with their Community Walkability Audits
- Foundation for Healthy Kentucky and Growing Healthy Kid held a three day training June 29-July 1. 200 people attended.
- Sustaining Coalitions Webinar by the Foundation for Healthy KY

Reasons for Success or Barriers/Challenges to Success

- Work with internal and external expert partners.
- Take advantage of free webinars as provided by CDC and other Healthy Community collaboratives

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue sustainable training with effective partnerships.

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:**Regional Partnership Coalition Participation**

Between 10/2010 and 09/2011, the Kentucky Physical Activity Program Coordinator will increase the percent of local health departments who participate in regional coalitions that effectively address increasing physical activity through policy and environmental change and use of evidence based guidelines. from 50 percent to **60 percent**.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, the Kentucky Physical Activity Program Coordinator increased the percent of local health departments who participate in regional coalitions that effectively address increasing physical activity through policy and environmental change and use of evidence based guidelines. from 50 percent to **85%**.

Reasons for Success or Barriers/Challenges to Success

There are multiple regional coalitions in the state addressing physical activity including the Partnership for a Fit Kentucky. Not all local health departments take part in regional meetings, but 85% are invested in local or district Healthy Communities Coalitions, ACHEIVE sites, Childhood Obesity Coalitions, and other effective means of building environmental and policy change strategies for Physical Activity.

Strategies to Achieve Success or Overcome Barriers/Challenges

Community Partners come together as a group to address multiple risk factors in their communities.

Activity 1:**Partnership for a Fit Kentucky**

Between 10/2010 and 09/2011, The state Physical Activity Coordinator will provide site visits, list-serve announcements, save the dates, and invitations to local health departments who are not currently involved in regional meetings in order to increase involvement and impact.

Activity Status

Completed

Activity Outcome

Partnership for Fit Kentucky held an annual meeting December 2011. On-going email distribution goes out several times per week. Site visits were in partnership through our Healthy Communities coordinator.

Reasons for Success or Barriers/Challenges to Success

Since March 2011 there is no designated Physical Activity Coordinator

Strategies to Achieve Success or Overcome Barriers/Challenges

At current time there is not a designated staff person for the physical activity program. However through our Healthy Communities program, Partnership for a Fit Ky, Childhood Obesity Program all 120 counties are receiving physical activity pertinent information.

Activity 2:**Second Sunday Initiative**

Between 10/2010 and 09/2011, The state Physical Activity Coordinator will provide support and instruction on the Second Sunday Initiative by working collaboratively with local health departments to increase by 10%

those communities who agree to close down a road for promoting walking and physical activity in order to promote awareness of environmental and policy change impact.

Activity Status

Completed

Activity Outcome

85 of our 120 Counties participated in Second Sunday. This is a 2.3 increase over last years' 26 counties participating.

Reasons for Success or Barriers/Challenges to Success

The University of Kentucky Extension Service coordinates and completes the public campaign for Second Sunday Initiatives. This is a successful partnership between our physical activity contacts and our county extension agents.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue same

Impact/Process Objective 2:

PANTA Plus Manual

Between 10/2010 and 09/2011, the Physical Activity Program, Tobacco Program, Obesity Program, Diabetes Program, Asthma Program, Coordinated School Health and the Kentucky Department for Education will publish **one** school-based guide book on Physical Activity, Nutrition, Tobacco, and Asthma (PANTA). This manual was developed in 2006 and was updated in 2010 with new guidelines and resources on evidence based curriculum, best practices, model policies and answers to frequently asked questions.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, the Physical Activity Program, Tobacco Program, Obesity Program, Diabetes Program, Asthma Program, Coordinated School Health and the Kentucky Department for Education published **one** school-based guide book on Physical Activity, Nutrition, Tobacco, and Asthma (PANTA). This manual was developed in 2006 and was updated in 2010 with new guidelines and resources on evidence based curriculum, best practices, model policies and answers to frequently asked questions.

Reasons for Success or Barriers/Challenges to Success

This manual has been updated by all partners and program managers. It is at the Finance Cabinet awaiting approval for publishing.

Strategies to Achieve Success or Overcome Barriers/Challenges

There have been ongoing budget limitations for publishing documents. Although the PANTA guide is not being paid for by PHHSBG funds which are available, there are restrictions and delays for any type of publishing at this time.

Activity 1:

Manual Distribution

Between 10/2010 and 09/2011, Manuals will be distributed to coalitions, schools, and at partnership meetings with a target of engaging each school district and local/district health department in the state.

Activity Status

Not Completed

Activity Outcome

Due to budget issues these manuals have not been printed. Printing was thought to be the best route for schools rather than asking them to print from a DVD or website.

Reasons for Success or Barriers/Challenges to Success

As soon as PANTA Guide is printed, hard copies will be mailed out to Family Resource and Youth Service Centers and place on the Coordinated School Health Website.

Strategies to Achieve Success or Overcome Barriers/Challenges

The approval process has taken longer than expected there are ongoing efforts to work on this between the Commissioner of Education and Public Health since it is a shared grant for Coordinated School Health that goes to Education that pays for this.

Activity 2:**Technical Assistance**

Between 10/2010 and 09/2011, Programs that partner in development of the PANTA guide will provide assistance to schools as well as agencies and organizations that partner with schools in designing and planning policies and programs, encouraging environmental change, and promoting overall health of students, staff and the school community.

Activity Status

Not Completed

Activity Outcome

A 15 minute presentation of step-by-step document has been prepared once final approval from Finance Cabinet has been granted. This presentation will be placed on the Coordinated School Health website as well as presented at statewide school meetings.

Reasons for Success or Barriers/Challenges to Success

The Physical Activity, Nutrition, Tobacco and Asthma manual for schools has not been printed yet.

Strategies to Achieve Success or Overcome Barriers/Challenges

Partnership between the Physical Activity, Nutrition, Tobacco and Asthma programs.

Essential Service 9 – Evaluate health programs**Impact/Process Objective 1:****Evaluation of Physical Activity Strategies**

Between 10/2010 and 09/2011, the Physical Activity Program Coordinator in coordination with the Preventive Health and Health Services Block Grant Coordinator will collect **four** methods of program evaluation for local/district health departments funded through the PHHSBG.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, the Physical Activity Program Coordinator in coordination with the Preventive Health and Health Services Block Grant Coordinator collected **four** methods of program evaluation for local/district health departments funded through the PHHSBG.

Reasons for Success or Barriers/Challenges to Success

Successfully utilized, BRFSS/YRBSS, DataMart, Technical Assistance with site visits and Success Stories to evaluate the funding used by local health departments for Physical Activity strategies.

Strategies to Achieve Success or Overcome Barriers/Challenges

Success

- Partners in BRFSS and YRBS collect and analyze data

Barriers

- DataMart has been found to be less than an effective method of evaluation and other programs such as Catalyst are being considered
- Site visits are effective, but due to travel constraints and budget have not been used as much this year
- Success Stories are collected, but have not been used as effectively as possible

Activity 1:

BRFSS and YRBS Data

Between 10/2010 and 09/2011, the Physical Activity Coordinator will work with the state BRFSS program and the Kentucky Department of Education YRBS survey to analyze the core questions related to exercise, physical activity and access to physical activity on the surveys in order to determine impact across the state of PHHSBG funding.

Activity Status

Completed

Activity Outcome

The KY BRFSS Program is publishing Area District Development level data <http://chfs.ky.gov/dph/info/dpgi/cd/brfss.htm> so that communities can access their own comparative data.

The BRSS question analyzed is "any physical activity" so it is different that the original BRFSS exercise question chosen for this report, but is only asked every other year. The next YRBS will be in 2013 as the survey runs in odd years.

The Kentucky Department of Education shares YRBS data widely with partners and the KDPH. It is posted on their website.

Reasons for Success or Barriers/Challenges to Success

Continue partnerships and current survey work. Plan for collaborative data to be shared with large stakeholder groups.

Strategies to Achieve Success or Overcome Barriers/Challenges

Same

Activity 2:

DATAMART activity

Between 10/2010 and 09/2011, Monitor activities of local health departments who input physical activity strategies into DATAMART as a condition of PHHSBG funding.

Activity Status

Completed

Activity Outcome

Over 400 physical activity strategies were reported in DataMart by 57 local and district health departments.

Reasons for Success or Barriers/Challenges to Success

The program is a simple access spreadsheet and does not allow for text, only total activities within strategy categories, numbers of male/female, age group, ethnicity and race for reach and hours invested in the activity.

Strategies to Achieve Success or Overcome Barriers/Challenges

KDPH is reviewing other reporting mechanisms such as Catalyst or self developed reporting tools.

Activity 3:**Technical Assistance**

Between 10/2010 and 09/2011, The state Physical Activity Program Coordinator will provide technical assistance to local health departments who may need assistance developing, coordinating or completing chosen physical activity strategies. At least 5 sites will be visited annually.

Activity Status

Completed

Activity Outcome

The Physical Activity Program Coordinator provided list serves, phone consultations, site visits, and attendance at health fairs and health promotion activities and opportunities.

(Site visits Montgomery County, Grant County, Greenup, Rockcastle County, Edmonson County, Bourbon County)

Reasons for Success or Barriers/Challenges to Success

The Physical Activity Coordinator position was not refilled after March 2011.

Determining which sites to visit in order to maintain physical program activities across the state.

Local health departments are not filling their vacant physical activity coordinator positions.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to review and evaluate effectiveness of site visits as able.

Activity 4:**Success Stories**

Between 10/2010 and 09/2011, Provide training on Success Stories and receive a draft of a success story for each funded health department.

Activity Status

Completed

Activity Outcome

Success Story template and instructions were provided to all local health departments, but minimal stories were obtained.

Webinar links were provided from NACDD in order to provide training to all coalitions.

Each funded health department received information on writing a success story and template to follow.

Though our Healthy Communities a Success Stories Webinar was presented. There were three success stories submitted for this year.

Reasons for Success or Barriers/Challenges to Success

There is no consequence of not sending in the success story.

Need additional training for local health departments

Staff time for many is a barrier.

Local health departments do not think they can write a valuable success stories
There is no consequence of not sending in the success story.

Strategies to Achieve Success or Overcome Barriers/Challenges

Work with internal partners on how to provide additional success story training including how effective they are for future funding and incentive for turning them in.

State Program Title: Rape Crisis Centers-Sexual Assault and Domestic Violence Program

State Program Strategy:

Goal: The overall mission of the Rape Crisis Centers (RCCs) in Kentucky is to lessen the negative and often life altering effects sexual violence and assault have on its victims. These centers are statutorily mandated to provide, at a minimum, crisis telephone lines, crisis intervention and counseling, advocacy services, counseling/mental health services, education/consultation services, professional training and volunteer services. The 13 regional RCCs in Kentucky provide services to victim/survivors of sexual assault and their family and friends.

Priorities: Providing access to medical and legal advocacy in the case of sexual assault to all Kentuckians regardless of geographic area, race, sex, ethnicity or any other perceived barriers is the primary priority of the RCCs as supported through the Department for Community Based Services (DCBS), Family Violence Prevention Branch (FVPB) formerly known as the Division of Violence Prevention Resources (DVPR). One additional major function of the centers is to provide professional training for medical and mental health professionals, health department staff and educators. The RCCs also engage in radio spots, public service announcements, and a month-long awareness and prevention campaign during March which is Sexual Assault Awareness Month in Kentucky.

Role of the PHHSBG: Funding from the PHHSBG is allocated to all 13 regional Rape Crisis Centers by the Cabinet for Health and Family Services, DCBS, and FVPB through a contract with the state sexual assault coalition (Kentucky Association of Sexual Assault Programs or KASAP). The PHHSBG supports the advocacy and educational services offered by these regional Rape Crisis Centers in conjunction with any state general funds, federal funds and other private funding streams or grants.

Partnerships:

Internal Partners include the Cabinet for Health and Family Services, Department for Public Health, Division of Women's Health and the Division of Maternal and Child Health, Chronic Disease Prevention Branch, and the Department for Community Based Services.

External Partners include private physicians, hospitals, mental health centers, Regional Abuse councils, the Kentucky State Police and many local justice jurisdictions as well as private organizations.

Evaluation Methodology: Rape Crisis Centers (RCCs) collect a variety of data for their service array. The number of hotline calls related to victimization, the number of new victims seen physically on-site at the RCCs and the number of times advocates are dispatched for medical or legal advocacy needs are a few of the statistical pieces collected at RCCs. Demographic data are also collected to obtain some estimates of location of interpersonal violence per area development district. Data and statistics are calculated from calls to the hotline as well as certain statistics kept by the Kentucky State Police

National Health Objective: 15-35 Rape or attempted rape

State Health Objective(s):

Between 10/2010 and 12/2012, Reduce the rate of forced sexual intercourse or attempted forced sexual intercourse of persons aged eighteen years and older to less than 9.4 per 10,000 persons.

State Health Objective Status

Not Met

State Health Objective Outcome

Based on extrapolated 2010 census data, Kentucky had a targeted sexual assault victim number of 4,708 persons for this ten-year time frame. Based on Kentucky State Police data, 12,608 victims reported sexual assault in that ten-year time frame. This target was missed by 168%. In other words, the difference between the targeted number of sexual assaults and the actual KSP reported data represents an increase rather than a decrease in these reported rates of sexual violence. Knowing that there is no causal relationship between the advocacy efforts and hotline accessibility of the rape crisis centers and rates of reported sexual violence does little to assuage the disappointing reality of this crime in Kentucky.

Reasons for Success or Barriers/Challenges to Success

Over the last 10 years the regional Rape Crisis Centers have made tremendous inroads into their communities regarding intervention services available. The rape crisis centers have committed even more of their resources toward primary prevention strategies and changed their agency frameworks accordingly to accommodate best practice approaches to both prevention and intervention efforts. Clearly their efforts are not demonstrated in this data, as these funds have a non-significant impact on the agency's prevention efforts. While the Rape Crisis Centers have made great strides in their primary prevention activities and are actively leveraging their available prevention dollars, prevention of this crime is still a challenge and one that the rape crisis centers cannot conquer alone. Kentucky State Police data clearly indicate an upward trend in reports in the Commonwealth. Consequently, controlling the rate of this crime with the activities described appears to be unrelated.

Strategies to Achieve Success or Overcome Barriers/Challenges

The rape crisis centers continue their commitment to ending sexual violence in their communities by creating effective prevention strategies that all persons can understand and embrace, as well as offering all necessary intervention services for those who still experience this crime.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The Rape Crisis Centers are supported by other federal and state tax dollars. The addition of the PSHBG funds makes it possible to provide support to all thirteen crisis centers.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 7 – Link people to services

Impact/Process Objective 1:

Advocacy Services

Between 10/2010 and 09/2011, the thirteen Rape Crisis Centers throughout Kentucky will maintain **two** methods of advocacy services - legal and medical- for clients at no cost to the victim, their family or friends.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, the thirteen Rape Crisis Centers throughout Kentucky maintained **two** methods of advocacy services - legal and medical- for clients at no cost to the victim, their family or friends.

Reasons for Success or Barriers/Challenges to Success

Advocacy continues to be a vital and significantly-accessed set of services provided by Kentucky's regional rape crisis centers. The 13 regional rape crisis centers in Kentucky are committed to maintaining an

efficient and effective infrastructure of philosophy, policy and practice that supports victims in their hours of need upon disclosure of sexual violence. In addition, these agencies proactively plan and implement increasingly successful prevention activities that impact their community's safety in a positive manner.

Strategies to Achieve Success or Overcome Barriers/Challenges

The rape crisis centers have a solid mission statement and regulations that provide governance for each agency. The association of the 13 regional rape crisis centers, the Kentucky Association of Sexual Assault Programs, supports these agencies in their work and provides them with excellent technical assistance and a governance model that empowers its members to make decisions best for all the constituents of the centers.

Activity 1:

Medical and Legal advocacy services

Between 10/2010 and 09/2011, Rape Crisis Centers will maintain medical and legal advocacy services at no cost to the client.

Activity Status

Completed

Activity Outcome

Both legal and medical advocacy services continue to be available to all victims and their family/friends. No cost is associated with these services.

This activity continues to be met by the 13 regional rape crisis centers in Kentucky, who are committed to maintaining an efficient and effective infrastructure of philosophy, policy and practice that supports victims in their hours of need upon disclosure of sexual violence. In addition, these agencies proactively plan and implement increasingly successful primary prevention and awareness activities that impact their community's safety in a positive manner.

Reasons for Success or Barriers/Challenges to Success

The rape crisis centers have a solid mission statement and regulations that provide governance for each agency. The association of the 13 regional rape crisis centers, the Kentucky Association of Sexual Assault Programs, supports these agencies in their work and provides them with excellent technical assistance and a governance model that empowers its members to make decisions best for all the constituents of the centers.

Strategies to Achieve Success or Overcome Barriers/Challenges

No changes in approach are anticipated.

Activity 2:

Hotline Calls

Between 10/2010 and 09/2011, The Rape Crisis Centers will enhance existing outreach methods and provide structure to allow improved access to the crisis hotline which will increase hotline calls by two percent.

Activity Status

Completed

Activity Outcome

For this year's time period, the regional rape crisis centers again increased their hotline calls. This time frame resulted in a 2.5% increase overall for the reporting period.

Reasons for Success or Barriers/Challenges to Success

The regional rape crisis centers hold the crisis hotline activity closely to their collective heart. This is the one clear avenue of anonymity that victims have as an option for disclosing experiences of interpersonal violence. The agencies will protect this right for privacy for their clients, as it is one of the best conduits for sharing without the fear of being judged.

Strategies to Achieve Success or Overcome Barriers/Challenges

No changes are anticipated in this activity.